Privilege (Sales) and Use Tax License Application

Management Services
Audit & License Division
31 E. 5th St. P.O. Box 5002
Tempe, AZ 85280-5002
(602) 350-8327
FAX: 602-350-8659 INTERNET: www.tempe.gov

Tempe

PLEASE PRINT - COMPLETE ALL SECTIONS - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

SECTION I. OFFICE USE ONLY

FREQUENCY	START DATE	STATUS	AMOUNT PAID	MASTER LICENSE NO.	LICENSE NO.
ST SIC CODE —	ST SIC CODE —	ST SIC CODE —	ST SIC CODE —	ST SIC CODE —	ST SIC CODE —

SECTION II. FEES & REPORTING FREQUENCY

APPLICATION FEE	1. One-time Application Fee	$ 20.00
PLUS LICENSE FEE	2. Annual License Fee Please estimate your gross annual taxable income $ _____. ☐ If your estimated gross annual taxable income is $50,000 or more your reporting frequency shall be **monthly** and your licensing fee is **$50** per year. ☐ If your estimated gross annual taxable income is $49,999 or less your reporting frequency shall be **quarterly** and your licensing fee is **$25** per year. **Note:** If your gross annual taxable income will be $5,000 or less, you may request an annual reporting frequency after you have established a 6-month reporting history.	
	TOTAL DUE ▶	

SECTION III. TAX REPORT MAILING ADDRESS & PHONE NUMBER

OWNERSHIP NAME	INDIVIDUAL, PARTNERSHIP, CORPORATION, ETC.		OWNER'S HOME PHONE NO.
CARE OF NAME			PHONE NO.
MAILING ADDRESS	STREET NO. (N,S,E,W), STREET NAME, SUITE NO.		
	CITY	STATE	ZIP CODE +4

SECTION IV. BUSINESS INFORMATION ***A separate license is required for each business location in Tempe.***

BUSINESS NAME (DBA)			PHONE NO.
BUSINESS ADDRESS	STREET NO. (N,S,E,W), STREET NAME, SUITE NO.		
	CITY	STATE	ZIP CODE +4
E-MAIL ADDRESS		FAX #	

SECTION V. BUSINESS TYPE, START DATE, STATUS

1. BUSINESS TYPE (CHECK ONE)	☐ RETAIL SALES ☐ RESTAURANT ☐ AMUSEMENT ☐ BAR	☐ RENTAL OF PERSONAL PROPERTY ☐ MANUFACTURING/ USE TAX	☐ CONSTRUCTION/ CONTRACTING ☐ OTHER _____	CONTRACTORS NO. BONDING CO.
2. NATURE OF BUSINESS	DESCRIBE IN DETAIL			
3. DATE STARTING TAXABLE ACTIVITY IN TEMPE		**IS BUSINESS OPERATED FROM YOUR HOME?** ☐ YES ☐ NO		
4. CHECK ONE	☐ NEW BUSINESS ☐ NEW OWNER OF EXISTING BUSINESS	FORMER OWNER		LICENSE NO.
5. NAME OF APPLICANT'S PREVIOUS OR OTHER CURRENT BUSINESS IN TEMPE				LICENSE NO
6. STATE PRIVILEGE (SALES) AND USE TAX LICENSE #		ACCOUNTING METHOD ☐ CASH ☐ ACCRUAL		NO. OF EMPLOYEES (TEMPE LOCATION ONLY)

PLEASE COMPLETE BOTH SIDES OF APPLICATION

SECTION VI. BUSINESS OWNERSHIP & RECORDS LOCATION (All Items Must Be Completed)

1. TYPE OF OWNERSHIP	☐ INDIVIDUAL ☐ PARTNERSHIP ☐ LLC (LIMITED LIABILITY COMPANY) ☐ TRUST ☐ CORPORATION - STATE INC. _____ ☐ HUSBAND/WIFE ☐ OTHER _____			
2. PARTNERSHIP, LLC OR CORPORATE NAME	(IF APPLICABLE)			
3. OWNERS, PARTNERS, LLC MEMBERS, OR OFFICERS (FOR ADDITIONAL NAMES, PLEASE ATTACH LIST.)	1. NAME	TITLE		PHONE
	HOME ADDRESS	CITY	STATE	ZIP CODE +4
	2. NAME	TITLE		PHONE
	HOME ADDRESS	CITY	STATE	ZIP CODE +4
	3. NAME	TITLE		PHONE
	HOME ADDRESS	CITY	STATE	ZIP CODE +4
4. CORPORATE OR LLC STATUTORY AGENT	NAME			PHONE
	ADDRESS	CITY	STATE	ZIP CODE +4
5. LOCATION WHERE BUSINESS RECORDS ARE KEPT	NAME			PHONE
	ADDRESS	CITY	STATE	ZIP CODE +4

SECTION VII. TEMPE BUSINESS LOCATION LANDLORD INFORMATION

1. CHECK ONE	*****Tempe Business Locations Only - Does Not Apply To Home Occupations***** ☐ DO YOU OWN YOUR BUSINESS LOCATION? **See #2 Below** ☐ DO YOU RENT/LEASE YOUR BUSINESS LOCATION? **See #3 & #4 Below**			
2. DO YOU RENT OR SUBLEASE TO ANOTHER PARTY	☐ YES ☐ NO IF YES, YOUR RENTAL TAX LICENSE NO. _____			
3. LANDLORD	NAME			PHONE
	ADDRESS	CITY	STATE	ZIP CODE +4
4. PROPERTY MANAGER	NAME			PHONE
	ADDRESS	CITY	STATE	ZIP CODE +4

SECTION VIII. SIGNATURE

Please determine that all privilege (sales) tax has been paid by the former owner of your business. Under the City Code, you are liable for any unpaid tax liability incurred by your predecessor.

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit authorized and issued in response to this application with the condition that I report timely and pay all taxes due by me to the City. Corporate officers, directors, and LLC members are responsible for filing tax returns and paying all taxes.

_____ SIGNATURE OF OWNER, PARTNER, OFFICER, OR LLC MEMBER

_____ DATE

_____ CONTACT PERSON (Individual available to answer questions pertaining to this application)

_____ DIRECT PHONE NO.

REQUEST FOR INFORMATION: PLEASE UNDERSTAND THAT THE AUDIT AND LICENSE DIVISION MAKES EVERY EFFORT TO PROVIDE ADEQUATE AND ACCURATE INFORMATION IN RESPONSE TO LICENSING AND TAXATION INQUIRIES, HOWEVER, ANY VERBAL ADVICE OR INFORMATION GIVEN BY CITY EMPLOYEES IS NOT BINDING UPON THE CITY. IF YOU NEED A SPECIFIC RESPONSE TO A QUESTION, WE RECOMMEND THAT YOU REQUEST IT IN WRITING FOR YOUR RECORDS.