



**City of Phoenix**  
**Finance Department**  
 Tel: 602-262-6785,  
 press 4,1  
 TTY: 602-534-5500

# APPLICATION FOR TRANSACTION PRIVILEGE (SALES) TAX LICENSE

ACCOUNT NO.

--	--	--	--	--	--	--

**FEE MUST BE  
 MAILED WITH  
 APPLICATION  
 (see page 3)**

PAT0711



Check one: <input type="radio"/> Permanent <input type="radio"/> Temporary	Check one: <input type="radio"/> New Business <input type="radio"/> New Owner of Existing Business	Previous City License #	Former Owner (if applicable)
<b>Section I. Business Information</b> <i>Verify if your business is in Phoenix <a href="http://www.phoenix.gov/webpmo.html">www.phoenix.gov/webpmo.html</a></i>			
Business Name (Individual, Company or "DBA" first name first):		Owning Entity Name (Corp, LLC etc.)	
Physical Business Street Address of retail store, rental property, etc (NOT a P.O. Box Number, a PMB, or single family home rentals)			
City, State, Country, Zip Code +4:		Business Phone (Including Area Code)	
<b>When did your tax liability start in Phoenix?</b>	E-Mail address:		
	State License #:	Federal ID #:	
<b>Section II. Mailing Address &amp; Phone Number</b>			
Enter Name if Different from Section I (above) or Enter Care-of Name:			
Mailing Address:			
City, State, Country, Zip Code +4:		Phone (Including Area Code)	
<b>Section III. Business Ownership</b> <i>* Sole and Husband/Wife must submit a photo ID with application. See instructions for more info.</i>			
Ownership:	<input type="checkbox"/> *Sole <input type="checkbox"/> *Husband/Wife <input type="checkbox"/> LLC <input type="checkbox"/> Corp.-State Inc. _____ <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Other explain		
List of officers attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	1)Name		Title
	Home Address		SSN #
	City, State, Country, Zip Code +4:		Phone No.
	2)Name		Title
	Home Address		SSN #
	City, State, Country, Zip Code +4:		Phone No.
<b>Section IV. Business Type (Check all that apply) Provide a detailed description of your business.</b>			
Do you sell Liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Retail <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Rental Property <input type="checkbox"/> Residential Rental Property-# of Units _____ <input type="checkbox"/> Advertising <input type="checkbox"/> Job Printing <input type="checkbox"/> Personal Property Rental <input type="checkbox"/> Short Term Motor Vehicle Rental <input type="checkbox"/> Telecommunications <input type="checkbox"/> Amusement <input type="checkbox"/> Construction Contracting AROC# _____ <input type="checkbox"/> Home Builder/Spec. Sale <input type="checkbox"/> Use Tax (Phoenix Business) <input type="checkbox"/> Use Tax (Out of State Business with no AZ Nexus)		NAICS Code: (6 digit)  Principal business codes available at: <a href="http://www.naics.com/search.htm">www.naics.com/search.htm</a>
Describe Nature of Business:			
<b>Section V. Business Premises Status</b>			
Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, skip to Signature			
Do you rent a portion of the business premises to another entity or business? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, see instructions for more info.			
Landlord/Property Manager	Mailing Address	Phone Number	

<b>OFFICE USE ONLY</b>
NOV Date or DISV #
ST Code
/
/
NAICS Code
Rental Units
Owner Type
Report Method C A
Liability Date
Entered by
I Edited by
Approved by

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 any and all taxes due by me to the City of Phoenix.  
 IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER.  
 BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

**FOR CITY USE ONLY BELOW**

*Applications received incomplete or without payment may not be processed.*

Print Name	Title
Signature	Date