TDD (602)534-5500

City of Phoenix
FINANCE DEPARTMENT
TREASURY DIVISION

APPLICATION FOR TEMPORARY TRANSACTION PRIVILEGE (SALES) TAX LICENSE

LICENSE FEE $25.00
Nonrefundable fee must accompany Application

This application must be filed and a license obtained to lawfully engage in business in the City of Phoenix. The license is valid for 30 consecutive days beginning with the first day of taxable activity. Violators of this section shall be guilty of a misdemeanor per City code.
SEE INSTRUCTIONS ON PAGE 3.

OFFICE USE ONLY

License Number _____ Act. ☐☐ ☐☐ ☐☐ Sic ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Lic Cat [S] Owner Type ☐ Bill Cycle [M] Begin Dt ☐☐ ☐☐ Rpt. Meth ☐ Insp Cd ☐☐☐ Liab Dt ☐☐ ☐☐ ☐☐

PLEASE PRINT OR TYPE THIS APPLICATION

BUSINESS NAME _____ **IN CARE OF** _____

EVENT NAME _____ **EVENT DATE** _____

EVENT LOCATION

☐ Arizona State Fairgrounds/ Coliseum, 1826 W. McDowell Rd., Phx., Az. 85007-1612

☐ Phx. Civic Plaza, 225 E. Adams St., Phx., Az. 85004

☐ Amer. West Arena, 201 E. Jefferson St., Phx., Az. 85004

OTHER LOCATION: (If event location is different than locations listed.) _____

MAILING ADDRESS

_____
street, route, or PO Box | City | State | Zip Code

DESCRIPTION OF BUSINESS
PLEASE CHECK THE ACTIVITIES WHICH BEST DESCRIBE YOUR BUSINESS

☐ RETAIL SALES ☐ FOOD CONCESSIONS ☐ RENTAL OF PERSONAL PROPERTY
☐ COMMERCIAL RENTAL ☐ RIDES ☐ GAMES OTHER _____

BUSINESS OWNERSHIP **Type:** Sole ☐ General Ptnr. ☐ Corporation ☐ Ltd. Ptnr. ☐ Other _____

OWNERS - PARTNERS - CORPORATE OFFICERS IDENTIFICATION

NAME	BUSINESS/RESIDENCE ADDRESS	SOCIAL SECURITY #
PHONE #		DRIVERS LICENSE #

NAME	BUSINESS/RESIDENCE ADDRESS	SOCIAL SECURITY #
PHONE #		DRIVERS LICENSE #

Application fees are nonrefundable. Incomplete applications may not be processed.
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 of Phoenix.

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER _____ DATE _____

(PRINT OR TYPE) NAME OF OWNER, PARTNER OR CORPORATE OFFICER _____ TITLE _____

PLEASE DO NOT SEPARATE THE PAGES

Office Location: 251 W. Washington St. 3rd Floor

Telephone #: (602) 262-6785, press 1,1,0

Mailing Address: City of Phoenix
P.O. Box 2005
Phoenix, Arizona 85001-2005

TEMPORARY TRANSACTION PRIVILEGE (SALES) TAX LICENSE

The Temporary Transaction Privilege License is available for those persons whose business in Phoenix is conducted within a period of thirty (30) consecutive days. The total fee is $25.00 for each thirty (30) day period. If you will conduct business in Phoenix for two (2) or more thirty (30) day periods in one (1) calendar year, you may choose to apply for a regular Phoenix Transaction Privilege (Sales) Tax License which would be valid for the entire year. There is a $16.00 application fee plus a $50.00 annual fee for the regular Transaction Privilege Tax License.

IF YOU HAVE A CURRENT CITY OF PHOENIX PRIVILEGE (SALES) TAX LICENSE

If you have a current City of Phoenix Privilege (Sales) Tax License for a permanent business location, a separate Temporary Transaction (Sales) Tax License is not required for a temporary location (such as a show) as long as you are conducting the same type of business.

LICENSE REQUIREMENTS

A City of Phoenix Privilege (Sales) Tax License is required of any person engaged in or continuing in business within the City, other than occasional or casual activity, who undertakes one of the following:

1. Every person within the City, having gross income upon which the tax is imposed;
2. Every person, engaged or continuing in business within the City, storing, using or otherwise consuming in this City tangible personal property purchased from a seller, whether the seller is located within or outside of the City;
3. Every person selling tangible personal property within the City;
4. Every supplier maintaining a place of business within the City or every broker who acts for another in the transaction of any activity subject to the tax, including managers and managing agents.

GENERAL INSTRUCTIONS

Use the instructions for completing your application. The application is used for data entry and must be typed or printed in black or blue ink. Return the completed application to the City of Phoenix enclosing the $25.00 fee with a check made out to the City Treasurer. Incomplete applications will not be processed and will delay your business activity.

BUSINESS NAME AND LOCATION DATA

Enter your formal business name. If you represent yourself and have no formal business name, enter your own name, last name first. When using a corporate or special name, enter "in care of" name. If you are attending a special event in the City of Phoenix, enter the name and the dates of the event. Place a check in the appropriate event location box, if the location you will be conducting business at will be different than the ones listed, please LIST the event location information. The location information must be an address. Do not enter P.O. Box or "corner of" information.

SPECIAL MAILING ADDRESS

Enter the address to which you would like all correspondence directed. P.O. Box numbers may be used in this address.

DESCRIPTION OF BUSINESS

Check the activity which best describes your business. If none of the listed activities describe your business, please describe your business activity in the space marked "OTHER".

BUSINESS OWNERSHIP

Indicate the type of ownership in the appropriate box. List the owners names, if ownership type is a partnership or a corporation, list two owners or partners names including Social Security numbers, driver's license numbers and telephone numbers.

CERTIFICATION

Date and sign the application where indicated. Don't forget to print your name and title.

The license is not transferable to a new business entity.

THIS LICENSE DOES NOT PRECLUDE THE AUTHORITY OF OTHER CITY AGENCIES. YOU SHOULD CALL THE ZONING DEPARTMENT, 262-7844, IF YOU HAVE ANY QUESTIONS CONCERNING LAND USE OR SIGN PLACEMENT BEFORE ENGAGING IN BUSINESS.

If you have any questions concerning this application or the City of Phoenix Tax Code, please call 262-6785, press 1,1,0 for assistance.

CITY TREASURER
P.O. Box 2005
Phoenix, AZ 85001-2005

City of Phoenix, Arizona
PAYMENT TRANSMITTAL

Date:

FOR CITY USE ONLY

Initiator: _____

Master / Single License #

Current Month / - 0 0

Business Name:

Reference Number (Single/Cons. Lic. #)	YEAR	Amount Due	Amount Paid
L		$25.00	

This Page for office Use Only

Total Amount Due $ 25.00

Total Remittance $.

CASHIER VALIDATION ONLY BELOW THIS LINE