

Business Services  
Office location - 7447 E. Indian School Road, #110  
Scottsdale, AZ 85251  
Telephone - (480) 312-2400  
Web - www.ScottsdaleAZ.gov/licenses



## City of Scottsdale NEIGHBORHOOD STREET VENDOR LICENSE APPLICATION

Application Fee \_\_\_\_\_

License Fee \_\_\_\_\_

Late Fee \_\_\_\_\_

\_\_\_\_\_  
License Number

\_\_\_\_\_  
NSV Ord. (date & initial)

\_\_\_\_\_  
General Provisions (date & Initial)

**Business Name** \_\_\_\_\_

Legal Business Name (if different) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Mailing Address (If different)** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Type of Ownership:** Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation \_\_\_\_\_ Trust \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Corporation/LLC Number \_\_\_\_\_

### Applicant/Owner Information (use additional paper if necessary)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**List of Drivers/Employees:**

\*Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Maricopa County Food Handler's Permit # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Maricopa County Food Handler's Permit # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Maricopa County Food Handler's Permit # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Title \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Maricopa County Food Handler's Permit # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**List of Vehicles:**

\*Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Date Inspected by Maricopa County Health Department \_\_\_\_\_ Permit # \_\_\_\_\_

Vehicle in compliance with Section 16-636 – Yes \_\_\_ No \_\_\_ Pictures Provided \_\_\_\_\_

Vehicle Insurance Yes \_\_\_ No \_\_\_

\*Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Date Inspected by Maricopa County Health Department \_\_\_\_\_ Permit # \_\_\_\_\_

Vehicle in compliance with Section 16-636 – Yes \_\_\_ No \_\_\_ Pictures Provided \_\_\_\_\_

Vehicle Insurance Yes \_\_\_ No \_\_\_

\*Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Date Inspected by Maricopa County Health Department \_\_\_\_\_ Permit # \_\_\_\_\_

Vehicle in compliance with Section 16-636 – Yes \_\_\_ No \_\_\_ Pictures Provided \_\_\_\_\_

Vehicle Insurance Yes \_\_\_ No \_\_\_

\*Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_

Date Inspected by Maricopa County Health Department \_\_\_\_\_ Permit # \_\_\_\_\_

Vehicle in compliance with Section 16-636 – Yes \_\_\_ No \_\_\_ Pictures Provided \_\_\_\_\_

Vehicle Insurance Yes \_\_\_ No \_\_\_

**\* Each Vehicle listed must have proof of insurance**

**Additional Items required to be submitted with the application:**

\_\_\_\_\_ Commercial General Liability Insurance

\_\_\_\_\_ Business Automobile Liability Insurance

\_\_\_\_\_ Residential Vendor Routes (by Day)

**Please note the following fees:**

**Initial Business Application**                      \$250.00

**Per Applicant Fee:**

DPS Fingerprint Fee                      \$22.00

COS Fingerprint Processing              \$10.00

ID Badge Fee                                \$10.00



**ACKNOWLEDGMENT of UNDERSTANDING  
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # \_\_\_\_\_

DATE: \_\_\_\_\_

Business Name \_\_\_\_\_

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

**I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.**

Representative / Applicant Name: \_\_\_\_\_

Representative / Applicant Title: \_\_\_\_\_

Signature: \_\_\_\_\_

CSR Initials \_\_\_\_\_