

**TRANSACTION PRIVILEGE (SALES) TAX or  
BUSINESS, OCCUPATIONAL AND PROFESSIONAL  
LICENSE APPLICATION**



Customer Service Office Location:  
7447 E. Indian School Rd., Suite 110  
Scottsdale, AZ 85251  
Telephone: (480) 312-2400  
Fax: (480) 312-4806  
Web: www.ScottsdaleAZ.gov/licenses

PC 1063 BOP  In  
 PC 1064 STX  In  Out

If applicable, make checks payable to: City of Scottsdale

Mail to: PO BOX 1586  
Scottsdale, AZ 85252-1586

**SECTION I. Business Information**

Check any that apply: <input type="checkbox"/> New Business to Scottsdale <input type="checkbox"/> Annual License <input type="checkbox"/> Update <input type="checkbox"/> Name Change Only, Date Changed _____				
<input type="checkbox"/> Ownership Change <input type="checkbox"/> Temporary License <input type="checkbox"/> Insurance Only <input type="checkbox"/> Location Change, Date Changed _____				
Date business started in Scottsdale	Former Owner (if applicable)	Current City License #	Previous City License #	For Office Use Only
Doing Business As (DBA), Name on Signage, Name known to the public				App. Fee
Street #	Direction	Street Name	Type	Suite/Apt # (List physical address, do not enter a Mail box type of address)
City				State
Zip Code + 4		(Area Code) Business Telephone #		SIC Code
Fax #	E-Mail Address (if Available)	State Sales Tax #	Federal ID #	Filing Freq.

**SECTION II. Additional Business Information, Mailing and Telephone Number**

Legal Business Name of Entity or Individual Name				Account #
Street #				Direction
Street Name		Type	Suite/Apt #	Initials
City		State	Zip Code + 4	(Area Code) Other Business Telephone #
				Comments

**SECTION III. Business Ownership & Record Location**

Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	<input type="checkbox"/> Corp. - State Inc. # _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Other _____
<b>Owners, Partners, LLC Members, or Officers</b>	Name		Title		Driver's License #	
	Home Address					
	City		State	ZIP Code + 4	(Area Code) Telephone #	
	Name		Title		Driver's License #	
	Home Address					
	City		State	ZIP Code + 4	(Area Code) Telephone #	
(For Additional Names, Please Attach List)						

<b>Corporate or LLC Statutory Agent</b>	Name	Title	Phone #
Location where business records are kept, if different from business location	Address		
	City	State	ZIP Code + 4 (Area Code) Telephone #

<b>SECTION IV. Business Type</b>	Accounting Method Used: <input type="checkbox"/> Cash Receipt <input type="checkbox"/> Accrual					
	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Service Only	<input type="checkbox"/> Construction Contracting	<input type="checkbox"/> Use Tax	<input type="checkbox"/> Restaurant/Bar
	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Commercial Rental	<input type="checkbox"/> Residential Rental (# of Units _____)	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Other _____	
Describe Nature of Business				# of Employees	Contractors #	

**SECTION V. Business Premises Status**

Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, complete the reverse side of application				
If you do not own your business location, complete Landlord/Property Manager information below.				
Landlord/Property Manager Name	Address	City	State	Zip Code + 4
(Area Code) Telephone #		Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license 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 Scottsdale. Incomplete applications may not be processed.				
Print Name(s)	Signature(s)	Title(s)	Date	

IF YOU PURCHASE A BUSINESS, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

# If your business is in a residential district (Home Based Business in Scottsdale), please complete the questionnaire below:

## Home Business Questionnaire

Home occupations, as defined under Sec. 3.100 of the Scottsdale Revised Code, are uses permitted but must meet guidelines limiting the impact of uses in residential districts. The following questionnaire will be used by the City of Scottsdale to determine if your request for a home occupation exception fits within the guidelines of a residential zoning district.

Please answer all the following questions in regard to your home based business with a check mark in the “**yes**” or “**no**” box supplied:

1. Yes  No  Will this business be the main use to the residence? (people will not live here)
2. Yes  No  Will employees come to the home? (other than people that live in the home)
3. Yes  No  Do you plan on using your garage or carport for storage? (may only use a bedroom or alternate room inside the home)
4. Yes  No  Will a service or commodity be sold that invites customers to your home?
5. Yes  No  Will commercial type vehicles be kept at this residence for business use?
6. Yes  No  Are you operating any mechanical equipment at your residence that is not normally used for domestic, hobby, standard office or household purposes? Such as; welding, metal working, wood assembling
7. Yes  No  Will this business generate pedestrian or vehicular traffic?

I certify that the statements made on this questionnaire are true and complete to the best of my knowledge.

\_\_\_\_\_  
Owner / Applicant

\_\_\_\_\_  
Date

**Office Use Only**