Attached is a City of Scottsdale Transaction Privilege (Sales) and Use Tax License Application. Please complete the application and return it with a check for the non-refundable $12 application fee plus the applicable license fee listed below. The Tax & Licensing office must receive the application and all fees before you start business. If you are submitting an application and/or paying fees after the business start date indicated on the application, then you must pay the delinquent license fee amount listed below.

Send to:
City of Scottsdale
Tax and Licensing Registration
P.O. Box 1586
Scottsdale, AZ 85252-1586

GENERAL ANNUAL LICENSE FEES

Business Start Date	**License Fee** If submitted prior to business start date	**Delinquent License Fee** If submitted after business start date
Jan. 1st – Mar. 31st	$50.00	$75.00
Apr. 1st – June 30th	$37.50	$56.25
July 1st – Sept. 30th	$25.00	$37.50
Oct. 1st – Dec. 31st	$12.50	$18.75

LICENSE FEES FOR RENTAL OF RESIDENTIAL REAL PROPERTY

Business Start Date	**License Fee Per Unit** If submitted prior to business start date	**Delinquent License Fee** If submitted after business start date
Jan. 1st – Mar. 31st	$2.00 per unit, not to exceed $50.00	$3.00 per unit not to exceed $75.00
Apr. 1st – June 30th	$1.50 per unit, not to exceed $37.50	$2.25 per unit, not to exceed $56.25
July 1st – Sept. 30th	$1.00 per unit, not to exceed $25.00	$1.50 per unit, not to exceed $37.50
Oct. 1st – Dec. 31st	$.50 per unit, not to exceed $12.50	$.75 per unit, not to exceed $18.75

For Questions Call (480) 312-2400

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

If applicable, make checks payable to: City of Scottsdale

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

Customer Service Office Location:
7447 E. Indian School Rd., Suite 110

Telephone: (480) 312-2400 Fax: (480) 312-4806
www.ScottsdaleAZ.gov

☐ PC 1063 BOP ☐ In
☐ PC 1064 STX ☐ In ☐ Out

SECTION I. Business Information

Check any that apply: ☐ New Business to Scottsdale ☐ Annual License ☐ Update ☐ Name Change Only, Date Changed _____
☐ Ownership Change ☐ Temporary License ☐ Insurance Only ☐ Location Change, Date Changed _____

Date business started in Scottsdale	Former Owner (if applicable)	Current City License #	Previous City License #

Doing Business As (DBA), Name on Signage, Name known to the public

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 #

Fax #	E-Mail Address (If Available)	State Sales Tax #	Federal ID #

For Office Use Only
App. Fee
License #
SIC Code
Filing Freq.
Account #
Initials
Comments

SECTION II. Additional Business Information, Mailing and Telephone Number

Legal Business Name of Entity or Individual Name

Street # | Direction | Street Name | Type | Suite/Apt #

City	State	Zip Code + 4	(Area Code) Other Business Telephone #

SECTION III. Business Ownership & Record Location

Ownership: ☐ Individual ☐ LLC ☐ Corp. - State Inc. # _____ ☐ Partnership ☐ Ltd. Partnership ☐ Other _____

Owners, Partners, LLC Members, or Officers

Name	Title	Driver's License #
Home Address		Social Security #
City / State	ZIP Code + 4	(Area Code) Telephone #
Name	Title	Driver's License #
Home Address		Social Security #
City / State	ZIP Code + 4	(Area Code) Telephone #

(For Additional Names, Please Attach List)

Corporate or LLC Statutory Agent	Name	Title	Phone #

Location where business records are kept, if different from business location

Address			
City	State	ZIP Code + 4	(Area Code) Telephone #

SECTION IV. Business Type

Accounting Method Used: ☐ Cash Receipt ☐ Accrual

☐ Retail Sales ☐ Wholesaler ☐ Service Only ☐ Construction Contracting ☐ Use Tax ☐ Restaurant/Bar
☐ Manufacturer ☐ Commercial Rental ☐ Residential Rental (# of Units _____) ☐ Hotel/Motel ☐ Other _____

Describe Nature of Business	# of Employees	Contractors #

SECTION V. Business Premises Status

Is this your residence? ☐ Yes ☐ No
If yes, complete the reverse side of application

Do you own your business location? ☐ Yes ☐ No
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? ☐ Yes ☐ 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.

Office Use Only

_____
Owner / Applicant

_____
Date