

BUSINESS REGISTRATION LICENSE APPLICATION



Business Services Office Location
 7447 E. Indian School Road, Suite 110
 Scottsdale, AZ 85251

If applicable, make checks payable to: City of Scottsdale

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

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

SECTION I. Business Information (separate licenses are required for each location)

Check any that apply: <input type="checkbox"/> New Business to Scottsdale		<input type="checkbox"/> Update		<input type="checkbox"/> Merchant (Attach Copy of AZ State TPT License)	
<input type="checkbox"/> Ownership Change, Date Changed _____		<input type="checkbox"/> Insurance Only		<input type="checkbox"/> Service	
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
Physical address (Mail box, Mail Drop addresses are not acceptable)					License #
City	State	Zip Code + 4	(Area Code) Business Telephone #		NAICS Code
E-Mail Address		Check to receive email updates <input type="checkbox"/>	AZ State TPT #	Federal ID #	Date Received

SECTION II. Additional Business Information, Mailing and Telephone Number

Legal Business Name of Entity or Individual Name					Initials
Mailing Address (Including C/O)					Initials
City	State	Zip Code + 4	Fax #	(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. / S corp		<input type="checkbox"/> Partnership		<input type="checkbox"/> Other _____	
Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	Name		Title		(Area Code) Telephone #				
	Home Address					Social Security #			
	City		State		ZIP Code + 4		Driver's License #		
	Name		Title		(Area Code) Telephone #				
	Home Address					Social Security #			
	City		State		ZIP Code + 4		Driver's License #		

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	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Service Only <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Manufacturer <input type="checkbox"/> Commercial Rental <input type="checkbox"/> Automotive <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____				
	Describe Nature of Business				# of Employees

SECTION V. Physical Address Information

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 Home Business Questionnaire		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. Incomplete applications may not be processed.

Print Name(s)	Signature(s)	Title(s)	Date
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INSTRUCTIONS FOR COMPLETING BUSINESS REGISTRATION LICENSE APPLICATION

Please complete all sections starting with Section I.

<p>Section I: Business Information</p> <p>Check Boxes Put a check in any of the boxes that apply to your business.</p> <p>General Information Line 2 provide start date and any other applicable information.</p> <p>Business Name The business name should be the DBA (Doing Business As) or if you are not using a business name, the name of the owner.</p> <p>Business Location Address The address listed is your business location address. Include suite, unit, or apartment numbers. P.O. Box numbers or mail drop /PMB addresses are not accepted for business location.</p> <p>Business Telephone The telephone number listed here should correspond to the business location.</p> <p>Fax Number Provide the fax number for the person who should receive inquiries concerning this application.</p> <p>E-mail Address Provide the E-mail address for the person who should receive inquiries concerning this application.</p> <p>State Tax License # List your Arizona State privilege tax number, if you are required to have one.</p>
<p>Section II: Additional Business Information, Mailing and Telephone Number</p> <p>Name List business legal entity name if different from Section I, or "In-Care-Of" name or information.</p> <p>Mailing Address Provide the mailing address. Note: Business license and renewals will be sent to this address. Please include suite, unit, apartment or mail drop/PMB numbers.</p> <p>Telephone Number Provide the telephone number to the person responsible for this application.</p>
<p>Section III. Business Ownership And Record Location</p> <p>Ownership Please indicate the type of ownership. If you mark "other" please describe. A Limited Liability Corporation (LLC) must have at least one member. General partnerships must provide the name of the general partner(s).</p> <p>Owners/Partners/LLC/Members Or Officers List complete owner/officer/partner information as requested. Include names, titles and contact information.</p> <p>Location Where Business Records Are Kept Complete this section if business records are not kept at the location listed in Section I.</p>
<p>Section IV: Business Type</p> <p>Business Type Check any boxes that apply to business activity.</p> <p>Describe Nature Of Business Provide a detailed description of business activity. For example, if retail sales, list type of items to be sold; if construction contracting, list type of contracting, etc.</p> <p># of Employees Employees at business location listed in Section I. Does not include owners.</p>
<p>Section V: Physical Address Information</p> <p>Ownership Of Business Location If your business location is a residence, check "Yes" and complete the enclosed Home Occupational Form. If you answer "No", please indicate whether or not you own your business location. If you do not own your business location, please provide the name of the legal owner or property manager along with their mailing address and telephone number.</p> <p>Application & License Fees Effective July 13, 2017, all applications for a City of Scottsdale Business Registration (Service) License must include a \$12 application fee and a \$50 annual license fee. Applications for a City of Scottsdale Business Registration (Merchant) License must include a copy of the AZ State TPT License showing Scottsdale (SC) as a region code.</p> <p>All applications MUST be signed by either the Sole Owner, All Partners, One Corporate Officer, Trustee, or General Partner.</p>

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 in Scottsdale Revised Code, Appendix B, Article III, Section 3-100, 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
