

**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  
 Email: customerservice@scottsdaleaz.gov

**If questions are not applicable to you or your business enter N/A as a response**

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 at Scottsdale location		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									Initials	
Legal Business Name of Entity or Individual Name									Comments	
Mailing Address (Including C/O)										
City		State	Zip Code + 4		Fax #	(Area Code) Other Business Telephone #				
SECTION III. Business Ownership										
Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	<input type="checkbox"/> Corp. / S corp	<input type="checkbox"/> PLLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____			
<b>Owners, Partners, LLC Members, or Officers</b>	Name			Title			(Area Code) Telephone #			
	Home Address			Email			Social Security #			
	City		State	ZIP Code + 4		Driver's License #				
	(For Additional Names, Please Attach List)	Name			Title			(Area Code) Telephone #		
		Home Address			Email			Social Security #		
		City		State	ZIP Code + 4		Driver's License #			
Responsible Representative		Name				Email				
Responsible Representative		Name				Email				
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    Do you rent a portion of the business premises to another entity? <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 #		Email								
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	

All applications must be signed by either the Sole Owner, All Partners, One Corporate Officer, Trustee, or General Partner.

# 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

# INSTRUCTIONS FOR COMPLETING BUSINESS REGISTRATION LICENSE APPLICATION

*Please complete all sections starting with Section I.*

## Section I: Business Information

### Check Boxes

Put a check in any of the boxes that apply to your business.

### General Information

Line 2 provide start date or date opened at location and any other applicable information.

### 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.

### 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.

### Business Telephone

The telephone number listed here should correspond to the business location.

### Fax Number

Provide the fax number for the person who should receive inquiries concerning this application.

### E-mail Address

Provide the E-mail address for the person who should receive inquiries concerning this application.

### State Tax License #

List your Arizona State privilege tax number, if you are required to have one.

## Section II: Additional Business Information, Mailing and Telephone Number

### Name

List business legal entity name if different from Section I, or "In-Care-Of" name or information.

### 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.

### Telephone Number

Provide the telephone number to the person responsible for this application.

## Section III. Business Ownership And Record Location

### 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).

### Owners/Partners/LLC/Members Or Officers

List complete owner/officer/partner information as requested. Include names, titles and contact information.

### Responsible Representative

Person or Persons authorized to act on behalf of owner.

## Section IV: Business Type

### Business Type

Check any boxes that apply to business activity.

### 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.

### # of Employees

Employees at business location listed in Section I. Does not include owners.

## Section V: Physical Address Information

### 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.

### Application & License Fees

Applications for a City of Scottsdale Business Registration (Service) License must include a \$12 application fee and a \$50 annual license fee. (if applying after the start date add \$25.00 penalty fee).

Applications for a City of Scottsdale Business Registration (merchant) License must include a copy of the AZ State TPT License showing (SC) as a region code.

**All applications MUST be signed by either the Sole Owner, All Partners, One Corporate Officer, Trustee, or General Partner.**