Tax and License Division
20 E 6th Street, 3rd floor
Tempe, AZ 85281
(480) 350-2955

Solicitor Business Application

Tempe

SECTION I BUSINESS INFORMATION

Business Name			
DBA Name			
☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Non-Profit ☐ Other _____			
Street Address	City	State	Zip
Mailing Address	City	State	Zip
Phone Number	Fax Number	Email	

BUSINESS ADDRESSES FOR THE PAST 5 YEARS BEGINNING WITH PREVIOUS ADDRESS

From	To	Complete Street Address	City, State

SECTION II BUSINESS OWNERSHIP

An individual application must be filled out for each person having a controlling interest

		% ownership
Owners, Partners, LLC Members, or Officers (For additional names please attach list)	Name	
	Name	
	Name	
	Name	
Managing Owner	Name	
Corporate or LLC Statutory Agent	Name	Phone Number
	Address / City / State / Zip	

SECTION III BACKGROUND INFORMATION

Have you previously operated in this or another city or state under a license during the previous 5 years? ☐ Yes ☐ No
If yes, list the locations below:

Name	Location	License Number

Was your license ever revoked? ☐ Yes ☐ No If yes, explain: