Privilege (Sales) and Use Tax Application

Tempe

TRANSIENT/SPECIAL EVENTS - $25 per 30 DAYS

Have you previously conducted retail sales, food sales, or other activities for a fee at a Te

☐ ☐

City License #

License #

SECTION I. BUSINESS INFORMATION

Date of Change

Business Name (Individual, Company or "DBA", first name first)

Street No. (N,E,S,W) Street Name Type

City State ZIP Code Area Code Ste/Apt #

Start Date E-mail address State License # - Business Telephone #

SECTION II. MAILING ADDRESS & PHONE NUMBER

( )

Enter Name if Different from Section I (above) or Enter 'In-Care-Of' Name

Street No. (N,E,S,W) Street Name Type

( ) Telephone #

City State - ZIP Code + 4 Ste/Apt #

SECTION III. BUSINESS OWNERSHIP

Fax #

☐ Individual ☐ LLC ☐ Corp. - State Inc._____ ☐ Gen. Partnership ☐ Ltd. Partnership ☐ Other _____

Owners, Partners, LLC Members, or Officers **(For Additional Names, Please Attach List)**				
1)	Name			
	Home Address			Social Security #
	City	State	ZIP Code	Title
2)	Name			Phone No. ( )
	Home Address			Social Security #
	City	State	ZIP Code	Title
	Address		City	Phone No. ( )

☐ Retail Sales ☐ Amusement ☐ Restaurant/Bar

Name and Date(s) of Special Event

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 and all taxes due me to the city. Incomplete forms may not be processed.

Print Name	Signature	Title	Date

Tax and License Office

Office Location 20 E 6th Street, Third Floor
Tempe, AZ 85281

Maiing Address P.O Box 5002
Tempe, AZ 85280

(480)350-8659 FAX (480) 3508659 www.tempe.gov/salestax/