



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. 1 st – Mar. 31 st	\$50.00	\$75.00
Apr. 1 st – June 30 th	\$37.50	\$56.25
July 1 st – Sept. 30 th	\$25.00	\$37.50
Oct. 1 st – Dec. 31 st	\$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. 1 st – Mar. 31 st	\$2.00 per unit, not to exceed \$50.00	\$3.00 per unit not to exceed \$75.00
Apr. 1 st – June 30 th	\$1.50 per unit, not to exceed \$37.50	\$2.25 per unit, not to exceed \$56.25
July 1 st – Sept. 30 th	\$1.00 per unit, not to exceed \$25.00	\$1.50 per unit, not to exceed \$37.50
Oct. 1 st – Dec. 31 st	\$.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**



Customer Service Office Locations: PC 1063 BOP In
7447 E. Indian School Rd., Suite 110 PC 1064 STX In Out
or
9379 E. San Salvador Dr., Suite 100
Telephone: (480) 312-2400 Fax: (480) 312-4806
www.ScottsdaleAZ.gov

If applicable, make checks payable to: City of Scottsdale

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

SECTION I. Business Information

Check any that apply: <input type="checkbox"/> New Business to Scottsdale <input type="checkbox"/> Annual License <input type="checkbox"/> Update <input type="checkbox"/> Name Change Only, Date Changed _____ <input type="checkbox"/> Ownership Change <input type="checkbox"/> Temporary License <input type="checkbox"/> Insurance Only <input type="checkbox"/> Location Change, Date Changed _____				
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
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 #		SIC Code
Fax #	E-Mail Address (If Available)		State Sales Tax #	Federal ID #

SECTION II. Additional Business Information, Mailing and Telephone Number

Legal Business Name of Entity or Individual Name				Account #
Street #	Direction	Street Name	Type	Suite/Apt #
City				State
Zip Code + 4		(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. - State Inc. # _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Other _____
Owners, Partners, LLC Members, or Officers	Name		Title		Driver's License #	
	Home Address					
	City		State	ZIP Code + 4	(Area Code) Telephone #	
	Name		Title		Driver's License #	
	Home Address					
	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: <input type="checkbox"/> Cash Receipt <input type="checkbox"/> Accrual					
	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Service Only	<input type="checkbox"/> Construction Contracting	<input type="checkbox"/> Use Tax	<input type="checkbox"/> Restaurant/Bar
	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Commercial Rental	<input type="checkbox"/> Residential Rental (# of Units _____)		<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Other _____
Describe Nature of Business				# of Employees	Contractors #	

SECTION V. Business Premises Status

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 reverse side of application			
If you do not own your business location, complete Landlord/Property Manager information below.			
Landlord/Property Manager Name	Address	City	State
(Area Code) Telephone #		Zip Code + 4	
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. 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
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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.

Owner / Applicant

Date

Office Use Only