

Tempe After-Hours Permit

Description

A dance hall location or the premises of a state on-sale retailer liquor licensee, open to patrons during the hours of 2:30 a.m. to 6:00 a.m. where dancing occurs.

Renewal information: 1 Year

Application Process

Application packet must contain the following:

Business application

Individual application(s)

Fingerprints (\$24 fingerprint fee per person)

Description of Activity

Plan of Operation

Floor Plan

Diagram of property

Vicinity ownership mailing labels (150 feet radius)

Application and hearing notice is posted at location for 15 days

Notices of hearing are sent to property owners within 300' of location

Application is scheduled for City Council public hearing

Permit issued upon Council approval

Application is generally only accepted once fingerprinting/background check is approved. Contact the Tax and License Division for full application materials:

Tax and License Division

20 E 6th Street, 3rd floor

Tempe, AZ 85281

A Sales Tax License is also required in addition.

Prices and Fees

Permit Cost:

Non-refundable application fee \$100

Annual license fee \$500

Pro-rated to \$250 after June 30

Where to File

Tax and License Division

20 E 6th Street, 3rd floor

Tempe, AZ 85281
Phone: 480-350-2955

After-Hours Establishment Business Application

City of Tempe
Tax and License Office
PO Box 5002, Tempe, AZ 85280

www.tempe.gov/salestax



	<u>TYPE</u>	<u>DATE PAID</u>
DATE REC'D: _____	ANNUAL: _____	APPLICATION FEE: \$100 _____
PLT NO.: _____	DAILY: _____	ANNUAL LICENSE FEE: \$500 _____
ISSUE DATE: _____	NO. OF DAYS: _____	DAILY LICENSE FEE: \$100 _____
		NEW _____ RENEWAL _____

Print Clearly

Applicant or Agent's Name
(Must complete individual application)

LAST FIRST MIDDLE TITLE

Corporation or Partnership Name

State in which
Incorporated _____
DATE _____

DBA (Doing Business As)

Business Address
(Do not use P.O. Box)

STREET CITY STATE ZIP
()
PHONE

Mailing Address

STREET CITY STATE ZIP

Does the proposed business location have a Liquor License? ☐ Yes ☐ No If yes, what series _____

Ownership Type:

☐ Sole Owner ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Company/Corp. ☐ Corporation ☐ Non-Profit (501C required)

Name and Address of Statutory Agent
(If a Corporation)

STREET CITY STATE ZIP

Managing Agent Authorized to Act on
Behalf of Organization

Days & Hours of Operation for
After-Hours

Types of Activity Offered During
After-Hours

Has this business been licensed in
another state?

☐ Yes ☐ No If yes, what city and state? _____

Has this business ever had its
license or permit denied, revoked,
suspended or fined in this or any
other state:

☐ Yes ☐ No If yes, explain. _____

Please continue on reverse side

Name, Date of Birth, Home Address and Title of Each Owner, Partner, Corporate Officer and Director.
(List all Owners, all Partners if a Partnership, all Corporate Officers and Directors of any Corporation.)
Attach separate list if needed.

1.

LAST NAME
FIRST
MIDDLE
DATE OF BIRTH

HOME ADDRESS
CITY
STATE
ZIP

TITLE
PHONE #

2.

LAST NAME
FIRST
MIDDLE
DATE OF BIRTH

HOME ADDRESS
CITY
STATE
ZIP

TITLE
PHONE #

3.

LAST NAME
FIRST
MIDDLE
DATE OF BIRTH

HOME ADDRESS
CITY
STATE
ZIP

TITLE
PHONE #

4.

LAST NAME
FIRST
MIDDLE
DATE OF BIRTH

HOME ADDRESS
CITY
STATE
ZIP

TITLE
PHONE #

List All Persons Financially Interested

1.

LAST NAME
FIRST
MIDDLE
DATE OF BIRTH

HOME ADDRESS
CITY
STATE
ZIP
PHONE #

2.

LAST NAME
FIRST
MIDDLE
DATE OF BIRTH

HOME ADDRESS
CITY
STATE
ZIP
PHONE #

3.

LAST NAME
FIRST
MIDDLE
DATE OF BIRTH

HOME ADDRESS
CITY
STATE
ZIP
PHONE #

4.

LAST NAME
FIRST
MIDDLE
DATE OF BIRTH

HOME ADDRESS
CITY
STATE
ZIP
PHONE #

The following must be included with the application and approved by the city.

- ☐ Manager's Agreement
☐ Plan of Operation
☐ Description of Activity
- ☐ Copy of Use Permit
☐ Property Diagram
☐ Security Plan
- ☐ Vicinity Ownership Mailing List/Labels
☐ Vicinity Ownership Map
☐ Floor Plan
- ☐ Complex/Center/Building Tenant List/Mailing Labels
☐ Parking areas used by patrons and within 300 feet
☐ Program Plan

I certify that the statements made in this application are true and complete and that I and the above referenced establishment are in compliance and will continue to comply with all applicable laws and ordinances, including Tempe City Code Sections 16A-75 et seq on After-Hours Establishments. Neither the applicant, the establishment, any holder of any profit interest, nor any partner or limited partner, or any person financially interested, nor the manager or other person principally in charge of the operation, nor any individual employed has been convicted of, pleaded nolo contendere to or guilty to any felony, or to a misdemeanor involving moral turpitude, within two years prior to the issuance of the license. Incomplete applications will not be processed. Omission or falsification of information is sufficient grounds for denial of the application or later revocation in addition to other remedies authorized by law.

SIGNATURE OF APPLICANT OR AGENT
TITLE
TELEPHONE #
DATE

APPLICATION ☐ APPROVED ☐ DENIED

POLICE DEPARTMENT REPRESENTATIVE
TITLE
DATE

Privilege (Sales) and Use Tax Application



Check any that apply:	<input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change	Former Owner (if applicable)	Previous City License #	License #
		Current City License #	Date of Change	
SECTION I. BUSINESS INFORMATION				FEES
Business Name (Individual, Company or "DBA", first name first)				\$70.00
Street No. (N,E,S,W) _____ Street Name _____ Type _____ Ste/Apt # _____ City _____ State _____ ZIP Code _____ Area Code _____ Business Telephone # _____ Start Date _____ E-mail address _____ State License # _____ Federal ID # _____				Reporting Frequency (Circle One)
				Mth / Qtr
SECTION II. MAILING ADDRESS & PHONE NUMBER				
Enter Name if Different from Section I (above) or Enter 'In-Care-Of' Name _____ Telephone # _____ Street No. (N,E,S,W) _____ Street Name _____ Type _____ Ste/Apt # _____ City _____ State _____ ZIP Code + 4 _____ Fax # _____				
SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION				
<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. - State Inc. _____ <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____				
Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	1) Name _____		Social Security # _____	
	Home Address _____		Title _____	
	City _____	State _____ ZIP Code _____	Phone No. () _____	
	2) Name _____		Social Security # _____	
	Home Address _____		Title _____	
	City _____	State _____ ZIP Code _____	Phone No. () _____	
Corporate or LLC Statutory Agent	Name _____		Phone No. () _____	
Location Where Business Records Are Kept	Name _____		Phone No. () _____	
	Address _____	City _____	State _____ ZIP Code _____	
SECTION IV. BUSINESS TYPE				
<input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Amusement <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			Contractors # _____	
Check method you will use in submitting reports: <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual			# of Employees _____	
SECTION V. BUSINESS PREMISES STATUS				
Check one:	Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, complete the following Landlord/Property Manager information			
	Landlord/Property Manager Name _____	Address _____	Phone # () _____	
	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. Incomplete forms may not be processed. IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.				
Print Name _____	Signature _____	Title _____	Date _____	

IS YOUR BUSINESS OWNERSHIP “INDIVIDUAL”?

If so, you are required to submit additional documentation. Due to a State law change in 2008, any individual/sole proprietor owner of a business must submit a copy of one of the 12 documents listed below indicating an authorized presence in the United States. More information about this State law, the Legal Worker’s Act, can be found on the Maricopa County Attorney’s Office web site: www.maricopacountyattorney.org/lawa .

The Arizona law reads as follows:

Arizona Revised Statutes, Title 41; 41-1080. Licensing eligibility; authorized presence; documentation; applicability; definitions.

A. After September 30, 2008, an agency or political subdivision of this state shall not issue a license to an individual if the individual does not present any of the following documents to the agency or political subdivision indicating that the individual’s presence in the United States is authorized under federal law:

1. An Arizona driver license issued after 1996 or an Arizona nonoperating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.

Please include a copy of one of the above documents with your application so that we can issue a Tempe Privilege Tax license.

Please read all instructions. Incomplete applications cannot be processed.



MAILING ADDRESS	City of Tempe Tax and License Division PO Box 5002 Tempe AZ 85280	SITE ADDRESS	Tax and License Division 20 E 6 th Street Third Floor Tempe, AZ 85281
PHONE:	(480) 350-2955	FAX:	(480) 350-8659
WEB SITE:	www.tempe.gov/salestax	EMAIL:	salestax@tempe.gov

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Fees – Application & License

All applications must include a \$20 application fee, plus a license fee of \$50 for a total of \$70. **Circle the appropriate filing frequency.**

If your estimated annual gross taxable income for Tempe is \$50,000 or more, your reporting frequency will be monthly.

If your estimated annual gross taxable income for Tempe is \$5,001 to \$49,999, your reporting frequency will be quarterly.

If your estimated annual gross taxable income for Tempe will be \$5000 or less you may request an annual reporting frequency only after you have established a 6 month reporting history.

A Transient Privilege Tax License may be issued to an individual or business that will be operating a taxable business within the city for 30 days or less. The cost for this license is \$25 for each 30 day period.

Late fees of \$15 will be assessed for any business in operation 45 days or more prior to applying for a license. Prior year license and late fees will be assessed for each calendar year of operation without a license.

Note: All Fees are nonrefundable.

All businesses located in Tempe must be approved for zoning and building safety before a license can be issued. For zoning information call (480) 350-8331 and for building safety information call (480) 350-8341 or visit their office located at 31 E. 5th Street, Tempe, AZ 85281.

Home-based businesses are regulated by the Development Services Department.

General Information

If you are a new owner of an existing business, the name and Tempe license number of the previous owner must be provided. **Note: Under the Tempe Tax Code you are liable for any unpaid tax liability of the previous owner.**

A new license is required for any business that changes their ownership or changes their Tempe business location.

Licenses are permanent and subject to an annual license fee. A transient license is issued only for a period of 30 days or less.

Section I: Business Information

This section is to be completed with the name, address, phone number and other information of the business operating within the City of Tempe.

Business Name List the business or company name and the "DBA" if it is applicable for your Tempe business operation. If you do not have a separate business name, list the owner of the business.

Property managers applying on behalf of a client should indicate the property owner's name in this section. The City of Tempe does not license property managers.

Address Enter your Tempe business location address, including the suite, unit, or apartment numbers. If you do not have a Tempe business location, list your business operation location.

If you are applying for a license for real property rental, the Tempe rental property address should be entered in this section. An individual who owns and leases property is considered to be a business. **Each commercial property must have a separate license. (Complete an application for each property address.)** For single-family homes, condos, or townhouses only one license is required. All properties must be listed on separate sheet.

Business Phone The phone number listed in this section needs to correspond with the Tempe business location.

Start Date Provide the date (month/day/year) of the first taxable business activity in Tempe. If you are applying for a license due to an ownership change or change of location, the start date (month/day/year) is the date of the change.

E-mail address Provide the E-mail address for the person who should receive general Tempe Privilege and Use Tax information updates.

Arizona Tax License # & Federal ID# Provide your Arizona State privilege tax and Federal Tax Identification numbers.

Section II: Mailing Address, Phone & Fax Numbers

This section is used for the name, address, phone and fax numbers of the person or business that will be responsible for receiving and preparing the Tempe tax reports. Note: As the business license and tax return mail will be sent to this address, be sure to include suite, unit, or apartment numbers.

Section III: Business Ownership and Record Location

This section is used for the type of ownership of a business and to list the owners, partners, or another office of the business where the accounting records are maintained.

Ownership Indicate the ownership type. Corporations need to indicate the state in which they were incorporated.

Owners/Partners/LLP/LLC Members or Officers All corporations must provide a list of officers as well as statutory agent information. LLCs must provide a list of members. General partnerships and LLPs must provide a list of all partners. For each person, their social security number, business title, home address and home phone number are required (not the business address and phone). Indicate if phone numbers provided are unpublished. P.O. Box numbers are not acceptable for home addresses.

Statutory Agent The name, address, and phone number of your Statutory Agent is required. If you have nexus in Arizona, an Arizona agent must be listed.

Records Location Complete this section if the accounting records are not kept at the location listed in Section II.

Section IV: Business Type

Check all types of business activity that you will be conducting in Tempe. If "Other," describe.

Provide a detailed description of your business activity. If your activity is retail sales, list the type of items sold. If your activity is construction contracting, list the type of construction performed. A contractor must also list their Arizona Registrar of Contractors number.

Method of Reporting Mark cash receipts if you recognize income based upon the date you receive the funds. Mark accrual if you recognize income based upon when the income is earned.

Provide the total number of employees you anticipate will be located in Tempe.

Section V: Business Premises Status

Indicate whether or not you own your business location. If you answer "No," provide the name of the legal owner or property manager, their mailing address and phone number.

Indicate if your business location is also your residence.

Indicate if you are renting or leasing a portion of the business premises to another person or business.

Sign and mail the application along with your application fee and annual license fee.