



**City of Chandler  
License Application  
Transaction Privilege & Use Tax**

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For Office Use Only

Telephone: 480-782-2280

Mailing Address: MS 701, PO Box 4008, Chandler, AZ 85244-4008

Location address: 175 S. Arizona Ave, Suite A, Chandler, AZ 85225

<b>Check one:</b>	<input type="checkbox"/> New Business	Former Owner (if applicable)	Previous City License #
	<input type="checkbox"/> New Owner of Existing Business		
<b>Check any that apply:</b>	<input type="checkbox"/> Name Change Only	Current City License #	Date of Change
	<input type="checkbox"/> Location Change		

**SECTION I. BUSINESS INFORMATION**

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

Business Location Address:

City, State, Zip Code + 4:

Business Phone (Including Area Code):

Start Date (in Chandler):

E-mail address:

State Tax License #:

Federal ID #:

**SECTION II. MAILING ADDRESS & PHONE NUMBER**

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

Mailing Address:

City, State, Zip Code + 4:

Phone (Including Area Code):

**SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION**

Ownership: ☐ Individual ☐ LLC ☐ Corp. - State Inc. \_\_\_\_\_ ☐ Gen. Partnership ☐ Ltd. Partnership ☐ Other \_\_\_\_\_

**Owners, Partners, LLC Members, or Officers**  
(For Additional Names, Please Attach List)

Name

Title

Home Address

Social Security #

City

State

ZIP Code

Phone No.

Name

Title

Home Address

Social Security #

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**

**Business Type** ☐ Retail Sales ☐ Restaurant/Bar ☐ Amusement ☐ Construction Contracting ☐ Use Tax ☐ Wholesaler  
☐ Manufacturer ☐ Commercial Rental ☐ Residential Rental (# of Units \_\_\_\_\_) ☐ Hotel/Motel ☐ Other \_\_\_\_\_

**Describe Nature of Business**

Contractors #

Check method you will use in submitting reports: ☐ Cash Receipts ☐ Accrual

Number of Employees:

**SECTION V. BUSINESS PREMISES STATUS**

Do you own your business location? ☐ Yes ☐ No

If yes, is this your residence? ☐ Yes ☐ No

If no, complete Landlord/Property Manager information:

Landlord/Property Manager Name

Address

Phone #

Do you rent a portion of the business premises to another entity? ☐ Yes ☐ No

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit 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
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**APPLICANT USE**

**AMOUNT DUE**

**APPLICATION**

**FEE \$15.00 +**

**LICENSE FEE**

\$ \_\_\_\_\_

SEE FEE  
SCHEDULE

**TOTAL PAYMENT**

\$ \_\_\_\_\_

**BUSINESS  
START DATE IN  
CHANDLER IS  
MANDATORY**

**FEES ARE NOT  
REFUNDABLE**

Prior Year  
License & Late  
Fees May Apply

**For Office  
Use Only**

Business Class Codes:

NAICS Code:

Filing Freq.  
**M Q A C**

Master Lic. #:

Entered By:

Zoning Appr. Date:

LAWA:

Approved By: Date: