



City of Chandler

Telephone: 480-782-2280

License Application Transaction Privilege & Use Tax Temporary Business

Location Address: 55 N. Arizona Pl. #201, Chandler, AZ 85225
Mailing Address: MS 701, PO Box 4008, Chandler, AZ 85244-4008

For Office Use Only

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Fees Are Not Refundable
License Fee
\$25.00
For Office Use Only
Total Fees Paid:
Business Class Codes:
NAICS Code:
Filing Frequency: One-Time Event
Entered By:
Date Approved:
Approved By:
Comments:

Have you been a participant (vendor) in an event in Chandler before? [] Yes [] No
Previous license number:

SECTION I. BUSINESS INFORMATION

Business Name:		
Event Name:		
Event Date(s):	State Tax License #:	Federal ID #:

SECTION II. MAILING ADDRESS & PHONE NUMBER

Mailing Name:	
Mailing Address:	City, State, Zip Code + 4:
E-mail Address:	Phone (Including Area Code):

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

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

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

SECTION IV. BUSINESS TYPE

Business Type	Retail Sales Restaurant/Bar Amusement Other _____
Describe Nature of Business	

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 any and all taxes due by me to the City.

Print Name	Signature	Title	Date
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Incomplete forms may not be processed.