

**CITY OF GLENDALE
APPLICATION INSTRUCTIONS
TRANSACTION PRIVILEGE (SALES) TAX and
BUSINESS, OCCUPATIONAL AND PROFESSIONAL (BOP) LICENSE APPLICATION**

On the reverse side is your license application. This form is used for data entry; please type or print with ink. Use the following instructions in completing your application AND RETURN ALL COPIES WITH THE APPROPRIATE FEE TO THE SALES TAX DIVISION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

- Check one:** Check the appropriate box. Taxable activities subject to sales tax are defined below.
Check one: Check the appropriate box; if applicable, indicate name and license number of former owner.
Check any that apply: Check the appropriate box and enter the current city license number and date of change.

**Section I
Business Information**

- Business Name:** "Doing business as" (Example: Fix It Plumbing, Inc.)
Business Location: Actual location where business to be licensed is conducted or where rental property is located. In the event of multiple addresses, enter one address on this application and attach supplemental listing with street number, direction (north, east, south or west, street name, suite or apartment number, city, state, and zip.
Business Telephone: Area code and telephone number at business location.
New Start Date: Indicate start date in Glendale. If a rental application, indicate start date for collection of rent.
E-mail Address or Fax: Enter the e-mail address of the contact person for this business.
State License No.: Enter State Privilege Tax number.
Federal ID No.: Enter Federal ID number.

**Section II
Mailing Address and Phone Number**

- Mailing Name:** Name of: Management Company, Accounting Firm, Bookkeeping Service, etc.
Mailing Address: Address where statements, returns, permit and all correspondence should be mailed. Enter post office box number or street number, direction (north, east, south, west), street name, suite or apartment number, city, state, and zip.
Telephone: Enter number where responsible person can be contacted.

**Section III
Business Ownership and Records Location**

- Ownership:** Check appropriate box for the type of ownership.
Owners/Officers: List owners, principal partners, LLC Members or officers of business with home addresses and telephone numbers.
Agent: If corporation or LLC, enter name, address, and telephone number of Statutory Agent.
Location of Records: If records are not kept at business location, indicate address and telephone number where records are located.

Section IV

Business Type - Must be completed by Transaction Privilege (Sales) Tax Applicants

Business Type: Determine and mark your taxable activity or multiple activities at any one location. Then select the predominant activity, and enter the number as the principal class. Also, check the appropriate box at the front of the application. For those not listed at the front of the application, check "Others" and enter the description on space provided.

CHECK OFF CLASSES OF TAXABLE ACTIVITY- INDICATE PRINCIPAL CLASS IN HERE _____

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 01 Transportation | <input type="checkbox"/> 09 Publishing | <input type="checkbox"/> 11 Restrnts/Bars (Type _____) | <input type="checkbox"/> 17 Retail Sales |
| <input type="checkbox"/> 02 Mining | <input type="checkbox"/> 10 Printing | <input type="checkbox"/> 12 Amusements (Type _____) | <input type="checkbox"/> Retail Store |
| <input type="checkbox"/> 04 Utilities | <input type="checkbox"/> 13 Lease/Rent-Real Property | <input type="checkbox"/> 14 Lease/Rent-Pers Prop (Type _____) | <input type="checkbox"/> Park & Swap |
| <input type="checkbox"/> 05 Telecommunications | <input type="checkbox"/> 16 Feed Wholesale | <input type="checkbox"/> 15 Contracting (Type _____) | <input type="checkbox"/> Direct Sales |
| <input type="checkbox"/> 18 Advertising | <input type="checkbox"/> 99 Use Tax | <input type="checkbox"/> 25 Hotel/Motel | <input type="checkbox"/> Home Occupation |

- Describe Nature Of Business:** Describe nature of business (manufacture of electronic parts, retail women's clothing, masonry contractor, etc); for contractors, enter contractor's number.
Reporting Method: Check the reporting method you will use in submitting reports.
No. of Employees: Enter the number of employees at Glendale location

**Section V
Business Premises Status**

- Check one:** Check the appropriate box as to whether you own the business location. If not, enter your Landlord's Name, Address and Phone number. Indicate whether or not you sublease a portion of the business premises to another party.

Sign, date, and return **ALL COPIES** of the application together with appropriate fee to the
City of Glendale, Tax & License Division, 5850 W. Glendale Ave., Glendale, AZ 85301.

ALL APPLICATIONS ARE REVIEWED BY THE COMMUNITY DEVELOPMENT GROUP.
APPROVAL IS REQUIRED PRIOR TO THE ISSUANCE OF YOUR PERMIT.

If you have any questions concerning this application, please contact the Tax & License Division at (623) 930-3190.



CITY OF GLENDALE
 Telephone - (623) 930-3190
 Fax - (623) 930-2186

**LICENSE APPLICATION
 TRANSACTION PRIVILEGE (SALES) TAX
 BUSINESS, OCCUPATIONAL AND
 PROFESSIONAL (BOP)**

Office Location:
 5850 W. Glendale Ave
 Glendale, AZ 85301-2599

Check one:	<input type="checkbox"/> Sales Tax	<input type="checkbox"/> BOP
Check one:	<input type="checkbox"/> New Business	Former Owner (if applicable)
	<input type="checkbox"/> New Owner of Existing Business	Previous City License No.
Check any that apply:	<input type="checkbox"/> Name Change Only	Current City License No.
	<input type="checkbox"/> Location Change	Date of Change

SECTION I. BUSINESS INFORMATION

Business Name (Individual, Company or "DBA", first name first)			
Street No. (N,E,S,W)	Street Name	Type	Ste/Apt No.
City	State	ZIP Code + 4	Area Code Business Telephone No.
Start Date	E-mail Address or Fax No.	State License No.	Federal ID No.

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	Ste/Apt No.
City	State	ZIP Code	Area Code Telephone No.

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)	1) Name	Title
	Home Address	Social Security No.
	City	State ZIP Code Phone No. ()
	2) Name	Title
	Home Address	Social Security No.
	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	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Advertising <input type="checkbox"/> Amusement <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Use Tax <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Lease/Rent-Real Property <input type="checkbox"/> Lease/Rent-Personal Prop. <input type="checkbox"/> Telecommunication <input type="checkbox"/> Other _____
Describe Nature of Business	Contractors No.
Check method you will use in submitting reports:	<input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual
	No. 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 Landlord/Property Manager information
	Landlord/Property Manager Name Address Phone No. ()
	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
------------	-----------	-------	------

FOR OFFICE USE ONLY
App. Fee
License Fee
License No.
SIC Code
Business Class
Geo Code
Filing Freq.
Initials
Zoning
Approved
Denied
Comments