



City of Glendale  
5850 W. Glendale Ave.  
Glendale, AZ 85301  
www.glendaleaz.com/taxandlicense

# APPLICATION FOR TRANSACTION PRIVILEGE (SALES) AND USE TAX BUSINESS, OCCUPATIONAL AND PROFESSIONAL (BOP), TRANSIENT OR SPECIAL REGULATION BUSINESS LICENSE



GAPL1011



Check any that apply  Sales Tax  Transient (30 days)  Special Regulation  BOP

Check one  New Business  New Owner of Existing Business

Check any that apply  Name Change  Location Change

**FOR CITY USE ONLY**

Account #

Special District  Primary ST Code

NAICS Code

License Types  -  -

-  -

## ACCOUNT INFORMATION

**Business Name EXACTLY as Filed (Doing Business As / Name on Sign)**

If Ownership Name is the same as the Business Name check box and skip to Physical Business Location Address

Ownership Name

**Physical Business Location Address (Street address of business or rental property - NO P.O. Boxes or PMBs)**

Street Number  Direction  Street Name  Suffix (St, Ave, etc)

Post Dir  Choose one  Apt  Suite  Bldg  Floor  Apt/Suite/Bldg/Floor  City  State

ZIP Code  Country  US Business Phone  Extension

Contractor's License #  -  AZ State TPT License #  -  Federal ID #  -

Business Start Date in Glendale  -  -  Reporting Method  Cash  Accrual Number of Employees

## OWNERSHIP TYPE (choose one)

Sole  Corporation  General Partnership  Limited Partnership  Revocable Trust  Irrevocable Trust  L.L.C.  Other

State of Formation  Date of Formation  /  /   Copies of legal documents filed and/or fictitious name certificates attached

Is this a non-profit entity?  YES  NO  If YES, copy of Federal Exemption Certificate attached

Is this a Minority or Women-owned Business Enterprise  YES  NO

## BUSINESS ACTIVITIES (check off each of your business activities and provide a detailed description of your business below)

Retail  Construction Contracting  Commercial Rental  Amusements  Telecommunications

Restaurant/Bar  Home Builder/Spec  Personal Property Rental  Hotel/Motel  Other

Job Printing  Advertising  Rental of Real Property  Use Tax

**Describe Primary Business Activity or Special Event Name**

Do you sell, store, or handle any hazardous materials or flammable/combustible liquids?  YES\*  NO **Do you sell liquor?**  YES\*  NO

Is this a Home Based business?  YES\*  NO **Do you rent residential properties?**  YES  NO

If YES, complete Residential Rental Supplemental

\*If YES, you may be contacted by a City representative for additional information.

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PLEASE PRINT USING UPPERCASE LETTERS IN BLACK INK. A B C 1 2 3



PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO ANSWER ANY QUESTIONS ON THIS APPLICATION, WITH CLEARLY DESIGNATED REFERENCES TO THE QUESTIONS BEING ANSWERED.

BUSINESS MAILING ADDRESS

If Business Mailing Address is the same as the Physical Business Location Address check box and skip to OWNERSHIP INFORMATION section.

Care of
Street Number Direction Street Name or PO Box If P.O. Box check here
Post Dir. Choose one Apt Suite Apt/Suite/Bldg/Floor PMB # City
State ZIP Code Country US Phone Extension

OWNERSHIP INFORMATION (provide the following information for the Primary Owner, Partner, LLC Member or Officer) \*

First Name M.I. Last Name
Government Issued ID Type Government Issued ID # Title Code % of Ownership
E-mail Address

If Ownership Address is the same as the Physical Business Location Address check box and skip to LANDLORD INFORMATION section.

If Ownership Address is the same as the Business Mailing Address check box and skip to LANDLORD INFORMATION section.

Street Number Direction Street Name - NO P.O. Boxes or PMBs Suffix (St, Ave, etc)
Post Dir Choose one Apt Suite Apt/Suite/Bldg/Floor City
State ZIP Code Country US Phone Extension

LANDLORD INFORMATION (Glendale Business Premises ONLY)

Do you lease the Business Premises? YES NO If YES, enter Landlord Information.

Landlord's Name
Street Number Direction Street Name or PO Box If P.O. Box check here Suffix (St, Ave, etc)
Post Dir Choose one Apt Suite Apt/Suite/Bldg/Floor PMB # City
State ZIP Code Country US Phone Extension

IMPORTANT NOTE TO APPLICANT

PLEASE SIGN AND REMIT ALL FEES DUE WITH APPLICATION. IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

I certify the statements made in this application are true and complete to the best of my knowledge. I have read and complied with all statutes, ordinances, and other requirements affecting public peace, health, and safety.

By entering your e-mail address you are acknowledging that you may receive infrequent e-mails from the City of Glendale regarding your account as well as notices about services that may affect doing business with the City.

Print Name Title
Applicant's Signature Date
MM DD YYYY

City of Glendale Arizona  
License Application Codes

Title Code:

Accountant/CPA	ACC
Agent	AGT
Attorney	ATT
Audit Contact	AUD
Bankruptcy Attorney	BKA
Bankruptcy Trustee	BKT
Chief Executive Officer	CEO
Chief Financial Officer	CFO
Chairman of Board	COB
Controller	CON
Director	DIR
Employee	EMP
General Partner	GEN
General Manager	GMR
Limited Partner	LIM
Liquor Agent	LQA
Member	MBR
Management Co	MCO
Manager	MGR
Managing Member	MMB
Managing Agent	MNA
Owner	OWN
President	PRE
Partner	PRT
Statutory Agent	SAG
Secretary	SEC
Shareholder	SHH
Treasurer	TRE
Trustee	TRU
Vice-President	VPR

Government Issued ID Type:

Driver License	DRLC
Misc. Foreign ID	MFID
Military ID	MIID
Matricula Consular	MTCL
Passport	PPRT
Permanent Resident	PRES
Resident Alien	RESA
US Employment Authorization	USEA
US State-issued ID	USID
Visa	VISA
Miscellaneous US ID	MUID

Color of Eyes:

Black	BL
Brown	BR
Blue	BU
Green	GN
Gray	GR
Hazel	HZ
Pink	PK
Violet	VT

Color of Hair:

Bald	BA
Blond	BD
Black	BL
Brown	BR
Gray	GR
Red	RD
White	WH