



License Division
 5850 West Glendale Avenue
 Glendale, Arizona 85301-2599
 623-930-3190
 Email: taxlic@glendaleaz.com

License #: _____

LICENSE UPDATE FORM

This FORM can be used for corrections or changes.

SECTION I. MAILING ADDRESS CORRECTION OR CHANGE

In Care of:			
Address (number and street):			
City:	State:	Zip Code (+4):	Country:

SECTION II. BUSINESS INFORMATION CORRECTIONS OR CHANGES

If there was a change in business location, Federal ID#, or business structure, new licenses may be required. Contact Customer Service at taxlic@glendaleaz.com or (623) 930-3190.

Business Phone Number (with area code):	Effective Change Date:		Business Email:	Effective Change Date:
8-digit Transaction Privilege Tax License Number and 3-digit location code (no dash):	Effective Change Date:		9-digit Federal ID# (no dash):	Effective Change Date:
Business Name (Doing Business As/Name on Sign):				Effective Change Date:
Business Location (NO Post Office Box or PMB numbers):	Address (number and street):			Effective Change Date:
	City:	State:	Zip Code (+4):	Country:

SECTION III. CANCEL A LICENSE – Make sure your License number is listed above.

CANCEL ACCOUNT:	Provide reason for cancellation:	Effective Cancel Date:
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SECTION IV. REQUIRED SIGNATURES

By entering your email address, you are acknowledging that you may receive e-mails from the City of Glendale regarding your account as well as notices about services that may affect doing business with the City. Please see the City of Glendale privacy statement at www.glendaleaz.com/policies.cfm for more details on e-mail address usage.

This document must be signed by an owner or officer legally responsible for the business. I am authorized to complete this update request. Under penalty of perjury I declare that the information provided on this document is true and correct.

Print First Name:	Print Last Name:	
Signature:	Title (Owner/Officer/Statutory Agent):	
Phone #:	Date:	Email: