



# City of Chandler

Telephone: 480-782-2280

## License Application Transaction Privilege & Use Tax Temporary Business

For Office Use Only

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Location Address: 175 S. Arizona Ave, Ste A, Chandler, AZ 85225

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

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

Incomplete forms may not be processed.