



**City of Chandler**  
**Business Registration**  
**Tax & License Division**  
 Telephone: 480-782-2299

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Location address: 175 S. Arizona Ave, Suite A, Chandler, AZ 85225  
 Mailing Address: MS 701, PO Box 4008, Chandler, AZ 85244-4008  
 E-mail: [licensing@chandleraz.gov](mailto:licensing@chandleraz.gov) Fax: 480-782-2343

**Check one:**  New Business  
 New Owner of Existing Business

Name of Former Owner (if applicable)

Previous City License #

OR

**Check any that apply:**  DBA Change  
 Location Change \$15 Location Change Fee

Current City License #

Date of Change

**SECTION I. BUSINESS INFORMATION**

Business Name (Entity followed by DBA)

Business Location Address Number of Employees (at this location)

City, State, ZIP Code Business Phone (Including Area Code)

Start Date in Chandler (REQUIRED) E-mail address State Tax License # Federal ID #

**SECTION II. MAILING ADDRESS & PHONE NUMBER**

Enter Name if Different from Section I (above) or Enter Care-Of Name

Mailing Address

City, State, ZIP Code Phone (Including Area Code)

**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)

Name				Title
Home Address				
City	State	ZIP Code	Phone	
Name				Title
Home Address				
City	State	ZIP Code	Phone	

**Corporate or LLC Statutory Agent**

Name	Phone
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**SECTION IV. BUSINESS TYPE**

**Business Type**  Retail Sales  Restaurant/Bar  Amusement  Construction Contracting  Service Based  Wholesaler  
 Manufacturer  Commercial Rental  Hotel/Motel  Other \_\_\_\_\_

**Describe Nature of Business:**

**SECTION V. BUSINESS PREMISES STATUS**

Do you own your business location? Yes  No  If yes, is this your residence? Yes  No

If no, complete Landlord/Property Manager information below

Landlord/Property Manager Name	Address	Phone
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Do you rent a portion of your location to another business? Yes  No

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license / permit authorized and issued in response to this application with the condition that the issuance of this license / permit shall not be construed as permission to operate in violation of any law or regulation. Incomplete forms may not be processed.

Print Name	Signature	Title	Date
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FEES ARE NOT REFUNDABLE				LATE FEES MAY APPLY FOR APPLICATIONS RECEIVED DELINQUENT			
<b>Annual Fee:</b>	Jan - Mar \$45.00	Apr - Jun \$33.75	Jul - Sep \$22.50	Oct - Dec \$11.25			
<b>Late Fee:</b>	Jan - Mar \$22.50	Apr - Jun \$16.88	Jul - Sep \$11.25	Oct - Dec \$5.63	Rev. Sep-18		

**Staff Use Only Below This Line**

NAICS	ST CODE	LAWA Required Y / N	Entered By	Paid	Balance Owed	Approved By	Date
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