



**City of Chandler  
Tax & License Division**

**Company Application for  
Transient Merchant, Peddler,  
Canvasser or Solicitor Permit**

Telephone (480) 782-2299 (TDD) 800-367-8939

**Nonrefundable Application Fee:** \$50.00 \_\_\_\_\_

Location address: 175 S. Arizona Ave, Suite A  
Chandler, AZ 85225

**Initial Permit fee:**  
January-December \$100.00 \_\_\_\_\_  
April-December \$75.00 \_\_\_\_\_  
July-December \$50.00 \_\_\_\_\_  
October-December \$25.00 \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address (if different than location): \_\_\_\_\_

Ownership:  Individual  LLC  Corporation, Date Incorporated: \_\_\_\_\_  Other: \_\_\_\_\_

Owners, Partners, LLC Members, or Officers (For additional names, please attach list)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ SSN: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_ Phone No. \_\_\_\_\_

Nature of business and type of products to be sold: \_\_\_\_\_

Length of time the right to do business is desired: \_\_\_\_\_

Bond (to cover all agents)  Cash  Surety Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name and Addresses of Agents or Representatives:  
(Each agent/representative is required to have a valid permit. For additional names, please attach list.)

Description and License Plate Number of Vehicles:  
(Any new vehicle or change of plate number must be submitted in writing within 10 days.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This permit will not be transferable, but firms may change, substitute or alter their list of agent(s) or vehicles, providing each agent applies for and receives the individual identification card as required by Chapter 20 of the Code of the City of Chandler.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE**

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Clerk's initials: \_\_\_\_\_

Chandler Tax License No. \_\_\_\_\_