



City of Chandler
Business Registration
Tax & License Division
 Telephone: 480-782-2280

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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: salestax@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

City, State, ZIP Code

Number of Employees (at this location)

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

Home Address

City State ZIP Code Phone

Name

Home Address

City State ZIP Code Phone

Corporate or LLC Statutory Agent

Name

Phone

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

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

FEES ARE NOT REFUNDABLE LATE FEES MAY APPLY FOR APPLICATIONS RECEIVED DELINQUENT

Annual Fee:	Jan - Mar \$45.00	Apr - Jun \$33.75	Jul - Sep \$22.50	Oct - Dec \$11.25	Submitting with a Specialty Permit? Yes <input type="checkbox"/> No <input type="checkbox"/> (if YES, no fee required)
Late Fee:	Jan - Mar \$22.50	Apr - Jun \$16.88	Jul - Sep \$11.25	Oct - Dec \$ 5.63	

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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