# 2015 LICENSE APPLICATION

TRANSACTION PRIVILEGE & USE TAX

**Tax & Licensing Division**
201 S. Cortez
Prescott, Arizona 86303
Phone: (928)-777-1268
Fax: (928)-777-1255
Email: salestax@prescott-az.gov

Beginning January 1, 2015, all City of Prescott Transaction Privilege Tax (TPT) licenses will be valid for one calendar year with annual renewal required. The initial license fee is $25.00 for new licenses and no renewal fee is collected thereafter. Also, a $40.00 Fire inspection fee is collected at the time of application for commercial locations within city limits. Proof of authorized presence in the United States per federal law must be proven upon application (most commonly Driver's license or US Passport).

| For Office Use Only |
|---|
| License Fee: ☐ 25.00 |
| Fire Insp. Fee: ☐ 40.00 |
| License # |
| NAICS Code |
| Filing Freq M Q A |
| Proof of presence: |

| **General Questionnaire** | | |
|---|---|---|
| Check one: | ☐ New Business<br>☐ New Owner of Existing Business | Former Owner (if applicable):<br>Previous City License #: |
| Check any that apply: | ☐ Name Change Only<br>☐ Location Change<br>☐ Ownership Change | Current City License (if applicable) #:<br>Date of Change: |

| **Business or DBA (Doing Business As) Information:** | |
|---|---|
| Start Date: | Physical Address: |
| DBA Name: | City, State, Zip: |
| Business Phone: | Email: |
| Federal Employer ID or Social Security Number: | AZ State TPT (Sales Tax) Number: |

| **Current Mailing Information** | **Corporate or Legal Business Information: (if different)** |
|---|---|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| | Corporate Phone: |

| **Current Business Activity Type:** | | |
|---|---|---|
| ☐ Retail Sales | ☐ Transporting | ☐ Job Printing |
| ☐ Restaurant Bar | ☐ Hotel/Motel | ☐ Advertising |
| ☐ Construction/Contractor | ☐ Amusements | ☐ Publishing |
| ☐ Manufacturer | ☐ Residential Rental (# of Units: ___) | ☐ Service |
| ☐ Wholesaler | ☐ Personal Property Rental | ☐ Utilities |
| ☐ Telecommunications | ☐ Commercial Rental | ☐ Other:_____ |
| Briefly Describe Nature of Business: | | |

*****ADDITIONAL INFORMATION REQUIRED ON BACK*****

| **Current Ownership Type:** | | |
|---|---|---|
| ☐ Individual Owner / Sole Proprietor | ☐ Partnership | ☐ Trust |
| ☐ Corporation – State:_____ | ☐ LP – Limited Partnership | ☐ Estate |
| ☐ LLC – Limited Liability Corporation | ☐ LLP – Limited Liability Partnership | ☐ Non-Profit |
| ☐ Other:_____ | ☐ Foreign | |

| **Ownership Information and Record Location**<br>**Owners, Partners, LLC Members, or Officers (For additional names, please attach list)** | |
|---|---|
| **1. Ownership Information** | **2. Ownership Information (if relevant)** |
| Title: | Title: |
| Name: | Name: |
| Residence Address: | Residence Address: |
| City, State, Zip: | City, State, Zip: |
| Contact Phone: | Contact Phone: |
| SSN: | SSN: |
| % Owned: | % Owned: |

| **3. Ownership Information (if relevant)** | **4. Location of Business Records:** |
|---|---|
| Title: | Address: |
| Name: | City, State, Zip: |
| Residence Address: | Contact Name: |
| City, State, Zip: | Contact Phone: |
| Contact Phone: | |
| SSN: | |
| % Owned: | |

| **Business Premises Status (if physically located in City Limits)** | |
|---|---|
| Check One: Do you own your business location? ☐ Yes ☐ No<br>(If no, complete Landlord/Property Manager Information below)<br><br>Do you rent a portion of the business premises to another entity? ☐ Yes ☐ No | If yes, is this your residence? ☐ Yes ☐ No |
| Landlord/Property Manager Name: | |
| Address: | City, State, Zip: |
| Contact Name: | Contact Phone: |

I certify that the statements made in this application are true and complete to the best of my knowledge. I acknowledge that my license is provided on condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed. If additional space is needed please provide a separate page containing that information. Also, this license does not preclude the authority of other city agencies. You should call Planning and Zoning Department at (928) 777-1207 if you have questions concerning land use or sign placement before engaging in business.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX

| Signature (must be signed by an owner / officer): | Print Name: |
|---|---|
| Title: | Date: |

RESET PRINT

Note: This form is for commercial locations in Prescott City limits. This form and payment of a one time $40.00 fire inspection fee is returned with your tax application to the Tax & Licensing Division.

# Prescott Fire Department

1700 Iron Springs Road
Prescott, AZ 86305
PH 928-777-1760 FAX 776-1890 TDD 445-6811

# Business Information Record

Please print all information and return to PFD within 7 days.

Business Name _____

Physical Address _____ Suite _____

Mailing Address _____

Phone Number _____ Fax _____

Primary Business Activity _____

Business Start Date _____

Business Owner Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Property Owner Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Local after hours contact name _____ Phone_____

Local after hours contact name _____ Phone_____

Check the following only if they apply to your business.

- θ Storage and/or use of hazardous materials including but not limited to:
  - θ Flammable, combustible liquid use and/or storage
  - θ Liquefied Petroleum Gas
  - θ Compressed gas
  - θ Spray finishing/dipping
  - θ Explosives or fireworks
  - θ Corrosive, cryogenic, oxidizer, toxic or reactive materials
- θ Combustible dust producing operation
- θ Cutting and welding
- θ Storage greater than 12' in height
- θ Industrial oven
- θ Open flames and torches

Print Name _____ Signature _____

Title _____ Date _____

You may contact Fire Prevention at 928-777-1760 for more information or to schedule a fire inspection.