

**APPLICATION**

**TRANSACTION PRIVILEGE (Sales) TAX or OCCUPATIONAL BUSINESS LICENSE**



**City of Flagstaff**  
 Sales Tax Division  
 211 West Aspen Avenue, Flagstaff, Arizona 86001  
 (928) 779-7614 Fax (928) 779-7656

**EACH SECTION OF THIS APPLICATION MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED.**

<b>Check One:</b> <input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Reinstatement of Cancelled License	Former Owner (If Applicable):  	Application Date:  	For Office Use Only <hr/> License Type: <hr/> <b>TPT    BL</b> <hr/> Application Fee <hr/> <hr/> License # <hr/> <hr/> Suffix <hr/> <hr/> Stat Code <hr/> <hr/> <hr/>	
		Start Date:  		
<b>Check Any That Apply:</b> <input type="checkbox"/> Name Change Only <input type="checkbox"/> Added Activity <input type="checkbox"/> Location Change <input type="checkbox"/> Added Business	Current City License #:  	Date of Change:  		
<b>SECTION I. BUSINESS LOCATION INFORMATION</b>				
Business Name (Legal Owner and DBA):  				
Street Address:  		Ste/Apt #:  		
City:  	State:  	Zip Code:  	Business Telephone #:  	
E-Mail Address:  		State License #:  	Federal ID #:  	
<b>SECTION II. MAILING ADDRESS</b>				
Enter Name if Different From Section I (above) or Enter "In-Care-of" Name:  				
Street Address:  		Ste/Apt #:  		
City:  	State:  	Zip Code:  		
<b>SECTION III. BUSINESS OWNERSHIP &amp; RECORD LOCATION</b>				
<b>Ownership:</b> <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. - State Inc. <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> S Corp. <input type="checkbox"/> Other				
If LLC do you file with IRS as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership				
<b>Owners, Partners, LLC Members, or Officers (For Additional Names Please Attach List)</b>	Name:  		Title:  	
	Home Address-Street # & Street:  		Social Security #:  	
	City:  	State:  	Zip Code:  	Date of Birth:  
	Name:  		Title:  	Date of Birth:  
	Home Address-Street # & Street:  		Social Security #:  	Drivers License #:  
	City:  	State:  	Zip Code:  	Phone #:  
<b>Corporate or LLC Statutory Agent</b>	Name and Address:  		Phone #:  	
<b>Contact Person</b>	Name:  		Phone #:  	
<b>SECTION IV. BUSINESS TYPE</b>				
<b>Business Type</b>	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Amusements <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Restaurants/Bars <input type="checkbox"/> Restaurants <input type="checkbox"/> Bars <input type="checkbox"/> Other _____ <input type="checkbox"/> Rental of Tangible Personal Property <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Commercial Rental			
<b>Describe Nature of Business</b>	  			

Check method you will use in submitting reports:     Cash Receipts     Accrual

Indicate reporting status for filing City Privilege (Sales) Tax Returns:

(Based upon estimated annual gross taxable income)     Monthly - (over \$50,000)     Quarterly - (\$5,000 - \$50,000)     Annually - (less than \$5,000)

**TURN TO REVERSE SIDE TO COMPLETE THIS APPLICATION**

**SECTION V. BUSINESS PREMISES STATUS**

<b>Check One:</b> <input type="checkbox"/> In City  <input type="checkbox"/> Out of City	Is your business location your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No      Do you rent/lease commercial property from another? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> to either of these, please complete the Landlord/Property Manager Information.
	Landlord/Property Manager Name: _____ Address: _____ Phone #: _____
	Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , please list the name and telephone number of the other entity: _____

Will there be any remodeling of the business premises?:  Yes  No

Type of Material & Equipment Used: \_\_\_\_\_

Proposed Storage of Materials, Equipment & Products: \_\_\_\_\_

**IMPORTANT NOTICE:**  
ISSUANCE OF A CITY TRANSACTION PRIVILEGE (SALES) TAX LICENSE DOES NOT RELIEVE THE APPLICANT OF THE RESPONSIBILITY OF COMPLYING WITH THE VARIOUS CITY CODES. IF YOU ARE UNSURE OF SPECIFIC CODE REQUIREMENTS, PLEASE CONTACT THE PLANNING, BUILDING, UTILITY, AND FIRE DEPARTMENTS. **ALSO BE SURE THAT ALL CITY TRANSACTION PRIVILEGE (SALES) TAX HAS BEEN PAID BY THE FORMER BUSINESS OWNERS. UNDER THE CITY CODE YOU ARE LIABLE FOR ANY UNPAID CITY TRANSACTION PRIVILEGE (SALES) TAX.**

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date

**SQUARE FOOTAGE OF BUSINESS  
PREMISE \_\_\_\_\_**