



City of Prescott

Telephone: (928) 777-1268

Fax: (928) 777-1255

LICENSE APPLICATION
TRANSACTION PRIVILEGE & USE TAX

Location Address: 201 S. Cortez St, Prescott, AZ
Mailing Address: P.O. Box 2077, Prescott, AZ 86302-2077

Table with 2 columns: Fee/Code, Amount/Details. Includes License App. Fee (\$25.00), Fire Insp. Fee (\$40.00), License #, NAICS Code, Business Class, Geo Code, Filing Freq. (M, Q, A), Initials, Comments.

Check one: Permanent Temporary License No.:
Check one: New Business Former Owner (if applicable): Previous City License #:
New Owner of Existing Business
Check any that apply: Name Change Only Current City License #: Date of Change:
Location Change

SECTION I. BUSINESS INFORMATION
Business Name (Individual, Company or "DBA", First Name first):
Location or Rental Address:
City: State: Zip Code + 4: Business Phone:
Start Date: State License #: Federal ID#:
E-mail Address:

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 + 4: Business Phone:

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION
Ownership: Individual LLC Corp. - State Inc. Gen. Partnership Ltd. Partnership Other
Owners, Partners, LLC Members, or Officers
1) Name: Title: Home Address: Social Security #: City: State: Zip Code: Phone No.:
2) Name: Title: Home Address: Social Security #: City: State: Zip Code: Phone No.:
Corporate or LLC Statutory Agent Name: Phone No.:
Location Where Business Records Are Kept Address: City: State: Zip Code:

SECTION IV. BUSINESS TYPE
Business Type Retail Sales Restaurant/Bar Amusement Construction Contracting Adv./Pub Wholesaler Use Tax
Manufacturer Commercial Rental Residential Rental (# of Units:) Hotel/Motel Other:
Describe Nature of Business
Check method you will use in submitting reports: Cash Receipts Accrual # of Employees:

SECTION V. BUSINESS PREMISES STATUS
Check one: Do you own your business location? Yes No If yes, is this your residence? Yes No
If no, complete Landlord/Property Manager Information
Landlord/Property Manager Name: Address: City: State: Zip Code: Phone No.:
Do you rent a portion of the business premises to another entity? Yes No

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed.

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

Print Name: Signature: Title: Date: