



Financial Services  
Customer Service  
7447 E. Indian School Rd., Suite 110  
Scottsdale, AZ 85251

[www.ScottsdaleAZ.gov](http://www.ScottsdaleAZ.gov)

### SPECIAL EVENT LICENSING REQUIREMENTS

Dear Business Owner,

I understand that you are participating at the 2009 AZ Bike Week/Cyclefest held at Westworld from April 1 - 5, 2009.

According to Scottsdale Revised Code, Appendix C, Section 300(a)(1)(2), every person engaging in business activities upon which a privilege tax is imposed in the City of Scottsdale is required to obtain a Transaction Privilege (Sales) and Use Tax license

A temporary license is available if conducting business for less than 30 consecutive days; the fee is \$25 00

A permanent license requires a \$12 00 application fee plus an annual fee of \$50 00. The annual fee is prorated, the first year per quarter, according to your start date.

**EFFECTIVE September 30, 2008: Arizona State law requires that any individual applying (in person) for a license must present one of the following documents indicating that the individual's presence in the U.S. is authorized by federal law:**

- an Arizona driver license issued after 1996 or an Arizona non-operating identification license
- a driver license issued by a state that verifies lawful presence in the U S (**NOT** accepted from HI, MD, NM, UT, & WA)
- a birth certificate or delayed birth certificate issued in any state, territory or possession of the U S
- a U S certificate of birth abroad
- a U S passport
- a foreign passport with a U S visa
- an I-94 form with a photograph
- a U S Citizenship and Immigration Services Employment Authorization Document or Refugee Travel Document.
- a U S Certificate of Naturalization
- a U S Certificate of Citizenship
- a tribal Certificate of Indian Blood.
- a tribal or Bureau of Indian Affairs affidavit of birth

**If applying by mail, an individual owner must submit with the application a certified copy of his/her birth certificate and a legible copy of his/her driver's license.**

**Participants, who have not filed and paid all previous sales tax returns or fulfilled prior license requirements owed to the City of Scottsdale, may not be able to participate in future events.**

Please make your check(s) payable to: City of Scottsdale. You must return your application PRIOR to the event.

**If you would like to apply in person, our office is located at: 7447 E. Indian School Rd. Ste 110**

If you have any questions regarding this matter, please call me at (480) 312-7625 or email [jchristian@scottsdaleaz.gov](mailto:jchristian@scottsdaleaz.gov)

Sincerely,

Jeannine N Christian  
License Inspector  
Tax and License Registration  
Encl.

**TRANSACTION PRIVILEGE (SALES) TAX or  
BUSINESS, OCCUPATIONAL AND PROFESSIONAL  
LICENSE APPLICATION**



Customer Service Office Location  
7447 E Indian School Rd , Suite 110

Telephone: (480) 312-2400 Fax: (480) 312-4806  
www.ScottsdaleAZ.gov

2009 Arizona Bike Week Cyclefest @ Westworld

If applicable make checks payable to: City of Scottsdale

Mail to: PO BOX 1586  
Scottsdale AZ 85252-1586

**SECTION I. Business Information**

|  |                               |             |                        |                         |  |
|--|-------------------------------|-------------|------------------------|-------------------------|--|
| Check any that apply: <input type="checkbox"/> New Business to Scottsdale <input type="checkbox"/> Annual License <input type="checkbox"/> Update <input type="checkbox"/> Name Change Only Date Changed _____ |                               |             |                        |                         |  |
| <input type="checkbox"/> Ownership Change <input checked="" type="checkbox"/> Temporary License <input type="checkbox"/> Insurance Only <input type="checkbox"/> Location Change Date Changed _____            |                               |             |                        |                         |  |
| Date business started in Scottsdale<br>4/01/09   | Former Owner (if applicable)  |             | Current City License # | Previous City License # | For Office Use Only  |
| Doing Business As (DBA) Name on Signage Name known to the public   |                               |             |                        |                         | App. Fee<br>\$25.00  |
| Street #   | Direction                     | Street Name | Type                   | Suite/Apt #             | (List physical address, do not enter a Mail box type of address) |
| City   |                               |             | State                  | Zip Code + 4            | (Area Code) Business Telephone #                                 |
| Fax #  | E-Mail Address (if Available) |             | State Sales Tax #      | Federal ID #            |  |

**SECTION II. Additional Business Information, Mailing and Telephone Number**

|  |           |             |       |              |  |
|--|-----------|-------------|-------|--------------|--|
| Legal Business Name of Entity or Individual Name |           |             |       |              | Account #                              |
| Street #   | Direction | Street Name | Type  | Suite/Apt #  | Initials                               |
| City   |           |             | State | Zip Code + 4 | (Area Code) Other Business Telephone # |

**SECTION III. Business Ownership & Record Location**

|   |                                     |                              |   |                                      |   |                                      |
|---|-------------------------------------|------------------------------|---|--------------------------------------|---|--------------------------------------|
| Ownership:  | <input type="checkbox"/> Individual | <input type="checkbox"/> LLC | <input type="checkbox"/> Corp. - State Inc. # _____ | <input type="checkbox"/> Partnership | <input type="checkbox"/> Ltd. Partnership | <input type="checkbox"/> Other _____ |
| Owners,<br>Partners, LLC<br>Members, or<br>Officers<br><br>(For Additional<br>Names,<br>Please Attach List) | Name                                |                              | Title   |                                      | Driver's License #                        |                                      |
|   | Home Address                        |                              |   |                                      |   | Social Security #                    |
|   | City                                |                              | State   | ZIP Code + 4                         | (Area Code) Telephone #                   |                                      |
|   | Name                                |                              | Title   |                                      | Driver's License #                        |                                      |
|   | Home Address                        |                              |   |                                      |   | Social Security #                    |
|   | City                                |                              | State   | ZIP Code + 4                         | (Area Code) Telephone #                   |                                      |

|   |         |       |                                      |
|---|---------|-------|--------------------------------------|
| Corporate or LLC Statutory Agent  | Name    | Title | Phone #                              |
| Location where business records are kept, if different from business location | Address |       |                                      |
|   | City    | State | ZIP Code + 4 (Area Code) Telephone # |

**SECTION IV. Business Type**

|                             |  |  |  |
|-----------------------------|--|--|--|
| Describe Nature of Business | Accounting Method Used: <input type="checkbox"/> Cash Receipt <input type="checkbox"/> Accrual |  |  |
|                             | <input type="checkbox"/> Retail Sales  | <input type="checkbox"/> Wholesaler        | <input type="checkbox"/> Service Only                          |
|                             | <input type="checkbox"/> Manufacturer  | <input type="checkbox"/> Commercial Rental | <input type="checkbox"/> Residential Rental (# of Units _____) |
|                             | <input type="checkbox"/> Construction Contracting  | <input type="checkbox"/> Use Tax           | <input type="checkbox"/> Restaurant/Bar                        |
|                             | <input type="checkbox"/> Hotel/Motel   | <input type="checkbox"/> Other _____       |  |
|                             | # of Employees   | Contractors #                              |  |

**SECTION V. Business Premises Status**

|  |  |   |                    |
|--|--|---|--------------------|
| Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No     |                    |
| If yes, complete the reverse side of application   |  | If you do not own your business location, complete Landlord/Property Manager information below. |                    |
| Landlord/Property Manager Name   | Address  | City  | State Zip Code + 4 |
| (Area Code) Telephone #  | Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                    |
| I certify that the statements made in this application are true and complete to the best of my knowledge I accept the license 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 of Scottsdale. Incomplete applications may not be processed. |  |   |                    |
| Print Name(s)  | Signature(s)   | Title(s)  | Date               |

IF YOU PURCHASE A BUSINESS BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX