



City of Phoenix
 Finance Department
 Tel: 602-262-6785,
 press 4,1
 TTY: 602-534-5500

APPLICATION FOR SPECIAL EVENTS TEMPORARY PRIVILEGE (SALES) TAX LICENSE

ACCOUNT NO.

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PAT0711



LICENSE FEE \$25.00 - Nonrefundable fee **must** accompany application

This application must be filed and a license obtained to lawfully engage in business in the City of Phoenix. Incomplete applications may not be processed. The license is valid for 30 consecutive days beginning with the first day of taxable activity. Violators of this section shall be guilty of a misdemeanor per City Code 14-330.

Event Location		
Common Special Event Locations	Event Name	
<input type="checkbox"/> Arizona Fairgrounds/Coliseum 1826 W McDowell Rd, Phoenix, AZ 85007-1612	Event Date(s)	
<input type="checkbox"/> Phoenix Convention Center – 100 N. 3 rd St, Phoenix, AZ 85004 225 E Adams St, Phoenix, AZ 85004-2332	Event Location (if not listed)	
<input type="checkbox"/> US Airways Center (America West Arena) 201 E Jefferson St, Phoenix, AZ 85004-2412	City, State, Zip	
Business Information		
Business Name (Individual First name first, Company or "DBA")	Corporation Name (if different)	
In Care of (if applicable)	Phone (including Area Code)	
Mailing Address		
City, State, Country (if not US), Zip Code + 4		
E-mail Address	Federal ID#	AZ State License #
Business Type	<input type="checkbox"/> Retail <input type="checkbox"/> Food Vendor <input type="checkbox"/> Commercial Rental <input type="checkbox"/> Rental of TPP <input type="checkbox"/> Amusements (Rides & Games) <input type="checkbox"/> Other _____	
Describe Nature of Business		
Business Ownership		
Ownership Type	<input type="checkbox"/> Individual (husb/wife) <input type="checkbox"/> LLC <input type="checkbox"/> Corporation-State Inc _____ <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____	
(1) Owner Name/Officer Name	Title	
Home Address		
City, State, Zip	Phone (including Area Code)	
(2) Owner Name/Officer Name (if applicable)	Title	
Home Address		
City, State, Zip	Phone (including Area Code)	

I certify that the statements made in this application are true and complete to the best of my knowledge and, that I am specifically authorized to complete this application. I acknowledge that I am required to report and pay all taxes due in a timely manner to the City of Phoenix.

FOR CITY USE ONLY BELOW

Signature	Date
Print Name	Title