

SPECIAL EVENTS

Privilege (Sales) and Use Tax Application



City of Tempe, Tax and License
 20 E 6th St 3rd Floor, PO Box 5002
 Tempe, AZ 85280-5002
 (480) 350-2955

THIS APPLICATION IS TO BE USED FOR SPECIAL EVENTS ONLY

Have you previously performed retail sales, food sales, or other activities for a fee at a Tempe Special Event? Yes <input type="checkbox"/> No <input type="checkbox"/>		Current Privilege (Sales) Tax License #	Previous Privilege (Sales) Tax License #	License #
If so, when		Vending Fee \$25.00 NON-REFUNDABLE		
SECTION I. BUSINESS INFORMATION				
Business Name (Individual, Company or "DBA", first name first)				
Street No. (N,E,S,W)	Street Name		Type	Ste/Apt #
City	State	ZIP Code	Area Code	Business Telephone #
Start Date	E-mail address	State License #	Federal ID #	For Office Use Only
SECTION II. MAILING ADDRESS & PHONE NUMBER				
Enter Name if Different from Section I (above) or Enter 'In-Care-Of' Name				Telephone #
Street No. (N,E,S,W)	Street Name		Type	Ste/Apt #
City	State	ZIP Code + 4	Fax #	
SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION				
<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"/> Other _____				
Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	1) Name		Social Security #	
	Home Address		Title	
	City	State	ZIP Code	Phone No. ()
	2) Name		Social Security #	
	Home Address		Title	
	City	State	ZIP Code	Phone No. ()
Corporate or LLC Statutory Agent	Name		Phone No. ()	
Location Where Business Records Are Kept	Name		Phone No. ()	
	Address		City	State ZIP Code
SECTION IV. BUSINESS TYPE				
<input type="checkbox"/> Retail Sales <input type="checkbox"/> Amusement <input type="checkbox"/> Food Sales <input type="checkbox"/> Other _____				
Special Event Name & Dates & Location				

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. 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
------------	-----------	-------	------