LICENSE RENEWAL FORM

Tax & Licensing Division
201 S. Cortez
Prescott, Arizona 86303
Phone: (928)-777-1268
Fax: (928)-777-1255
Email: salestax@prescott-az.gov

	RENEWAL DUE DATE: 01/31/2015 **CITY LICENSE:**	**CANCEL LICENSE:** ☐ Check here and sign on the next page to cancel the license. Reason: _____ _____ Date Business Closed:_____

Transaction Privilege (Sales) & Use Tax License Renewal
To renew your 2015 City of Prescott Transaction Privilege Tax (TPT) License, we must receive this form complete with all information on or before January 31, 2015 or your license may be canceled. You must complete this form even if you do not have any changes.

ALL License Information is REQUIRED:	
Employer ID # (EIN) or Social Security # (SSN):	AZ State TPT (Sales Tax) Number:

Business or DBA (Doing Business As) Information:	
Start Date:	Physical Address:
DBA or Owner Name:	City, State, Zip:
Business Phone:	Email:

Corporate or Legal Business Information (if different):	**Current Mailing Information:**
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Corporate Phone:	

Current Business Activity Type:		
☐ Retail Sales	☐ Transporting	☐ Job Printing
☐ Restaurant Bar	☐ Hotel/Motel	☐ Advertising
☐ Construction/Contractor	☐ Amusements	☐ Publishing
☐ Manufacturer	☐ Residential Rental (#Units ____)	☐ Service
☐ Wholesaler	☐ Personal Property Rental	☐ Utilities
☐ Telecommunications	☐ Commercial Rental	☐ Other:_____

*****ADDITIONAL INFORMATION REQUIRED ON BACK*****

Current Ownership Type:		
☐ Individual Owner / Sole Proprietor	☐ Partnership	☐ Trust
☐ Corporation – State:_____	☐ LP – Limited Partnership	☐ Estate
☐ LLC – Limited Liability Corporation	☐ LLP – Limited Liability Partnership	☐ Non-Profit
☐ Other:_____	☐ Foreign	

1. Ownership Information	**2. Ownership Information (if relevant)**
Title:	Title:
Name:	Name:
Residence Address:	Residence Address:
City, State, Zip:	City, State, Zip:
Contact Phone:	Contact Phone:
SSN:	SSN:
% Owned:	% Owned:

3. Ownership Information (if relevant)	**4. Ownership Information (if relevant)**
Title:	Title:
Name:	Name:
Residence Address:	Residence Address:
City, State, Zip:	City, State, Zip:
Contact Phone:	Contact Phone:
SSN:	SSN:
% Owned:	% Owned:

Location of Business Records	
Address:	
City, State, Zip:	
Contact Name:	
Contact Phone:	

If additional space is needed please provide a separate page containing that information.

Signature:	Date:
Print Name:	Phone: