

**Finance Department**  
 118 Arizona St • Bisbee, Arizona 85603  
 Phone (520) 432-6000 • FAX (520) 432-4025 • TDD (520) 432-7681

## Business License Application

Name of

Business: \_\_\_\_\_ Date: \_\_\_\_\_

Doing business as/with:

\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

AZ Sales Tax # \_\_\_\_\_ Federal ID # \_\_\_\_\_

Business Location: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

P.O. Box, Street Address, Apt. # Etc.

City, State & Zip Code

\*Please note the mailing address where you would like to receive future mailings from the City including the business license certificate to conduct business.

**Business Owner:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Ownership: Corporation  Individual  Partnership  Other

For Corporations, list state of incorporation and date:

\_\_\_\_\_

Name and address of property owner of business location if other than business

owner: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of business (include type of merchandise or services sold; job descriptions of employees at this site and number of employees):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Terms and conditions for a City of Bisbee Business License:

1. This application must be completed and the fees paid before I can lawfully engage in any type of business.
2. A separate Business License is required for each business location.
3. Written notification of any changes or cancellation of this application must be made immediately to the License Clerk. Without written notification of cancellation, billing will continue and the applicant will be liable for any expenses incurred by the City.
4. This license is NON-TRANSFERABLE. It shall be valid until revoked by the City Treasurer and or the Business License Inspector. This license is subject to revocation for the failure to pay the annual fees.
5. The applicable fee must be paid in full.
6. For businesses that are initiated after the first of the year, the annual fee shall be prorated on a monthly basis.
7. The application for the State Sales Tax Number for the location described must be submitted within ten (10) working days of the approval of this application if not already received.
8. A separate sign permit is required for any signage for a business. Permits are available at the Planning and Zoning Office.
9. A 10% late charge is assessed for failure to pay fees when they are due.
10. Non-payment of fees is just cause for revocation of Business License. Under City Codes (8.2-2B & 1-8A), you can be fined up to \$1000.00 and / or 6 months in jail for each day you operate business without a license.
11. I understand that my being licensed is contingent on passing Zoning, Fire, Building and other applicable inspections.

I hereby certify under penalty of perjury that the statements made herein are true and complete. I agree to comply with the terms and conditions of this license.

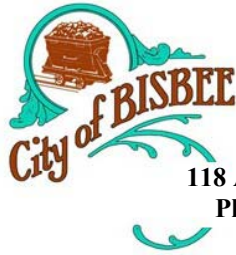
\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

**Finance use only**

Approval	Disapproval	Department	Initial(s)	Date
		<b>Health Department</b>		
		<b>Planning and Zoning Department</b>		
		<b>Fire Department</b>		
		<b>Building Inspection Department</b>		
		<b>Police Department</b>		
		<b>Finance Department</b>		

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Finance Department**  
118 Arizona St • Bisbee, Arizona 85603  
Phone (520) 432-6000 • FAX (520) 432-4025 • TDD (520) 432-7681

Dear Customer

Please provide names of at least two (2) individuals to be contacted in the event of an emergency or alarm activation at your place of business outside normal business hours.

The responsible party will be contacted to assist police officers in securing the premises. Please provide names in the order in which they should be contacted. Information will be kept confidential and is only for use by the Bisbee Police Department in the event of an emergency.

Thank you for your cooperation.

Name of Business:

\_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone Number:

\_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

2. Name:

\_\_\_\_\_

Address: \_\_\_\_\_

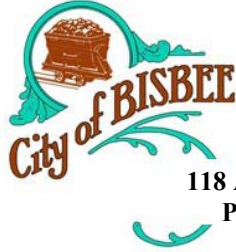
Telephone Number(s): \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**Please return this form along with your Business License Application**



**Finance Department**

118 Arizona St • Bisbee, Arizona 85603

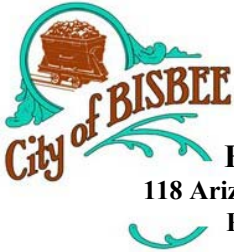
Phone (520) 432-6000 • FAX (520) 432-4025 • TDD (520) 432-7681

**City Code Section 8.2.3. *Issuance of License* states:**

- E. As a condition precedent to issuance of, or maintenance of, a business license the applicant shall be in compliance with all applicable state and city laws and ordinances and all rules and regulations and remain current on all fees, fines, and assessments levied by the City of Bisbee.

We review both our business license and utility accounts to identify delinquencies. If you have delinquent balances for sewer and garbage or business license accounts, the City will not reissue a business license until all the fees are current or satisfactory arrangements have been made to pay outstanding balances.

Any person that operates a business without holding a valid business license will be subject to citation and fine.



**Fire Department**  
118 Arizona St • Bisbee, Arizona 85603  
Phone (520) 432-4110 • FAX (520) 432-2594

This information is provided to help you to prepare for inspection by the Bisbee Fire Department. Inspections shall include but are not limited to the following:

### **EXITS**

- Exit doors shall be able to be opened from the inside without the use of a key or any special knowledge or effort.
- Exit doors shall not be locked, chained, bolted, barred, latched or otherwise rendered unusable. All locking devices shall be of an approved type.
- Obstructions, including storage, shall not be placed in the required width of a means of egress.
- Where required, the path of exit travel to and within exits in a building shall be identified by exit signs conforming to the requirements of the Building Code.
- Exit signs shall be readily visible from any direction of approach.
- Means of egress illumination shall be provided and maintained in accordance with the Building Code.

### **STAIRWAYS**

- No storage is allowed under stairways unless protected on the storage side with one hour fire resistive construction or equipped with an automatic sprinkler system.

### **AISLES**

- Aisle spacing is 24 inches minimum in areas serving employees only.
- Aisle spacing is 36 inches minimum where displays, fixtures or equipment are placed on one side of the aisle.
- Aisle spacing is 44 inches minimum where displays, fixtures or equipment are placed on both sides of the aisle.

### **ELECTRICAL**

- Replace all missing or broken electrical cover plates on outlets or light switches.
- Electrical wiring, devices, appliances and other equipment which are modified or damaged and constitutes an electrical shock or fire hazard shall not be used.
- A clear and unobstructed means of access with a minimum width of 30 inches and minimum height of 78 inches shall be maintained from the operating face of the switchboard or panel board to an aisle or corridor.
- Circuits shall be marked in a legible and durable manner to indicate purpose.
- Extension cords shall not be used as a substitute for permanent wiring.
- Power taps are allowed and shall be of the polarized or grounded type, having over current protection, and shall be listed.

### **FIRE EXTINGUISHERS AND SMOKE DETECTORS**

- Portable fire extinguishers and smoke detectors shall be installed in occupancies and locations as set forth in the Fire Code and as required by Occupancy Classification.

### **RESTAURANT HOODS**

- Cooking exhaust system needs to be cleaned including filters, hoods, ducts up to the roof and the exhaust fan.
- Cook hood fire suppression system needs to be serviced. It is required to be serviced on a 6 month interval.

### **FIRE SPRINKLERS**

- Where sprinklers are required, an 18 inch clearance is required below sprinkler heads.
- Main fire sprinkler riser needs to be viable and accessible.
- Outside Fire Department connection for the fire sprinkler system must not be obstructed.
- Replace damaged fire sprinkler heads.

### **HOUSEKEEPING**

- Oily rags and similar materials shall be stored in metal, metal-lined or other approved containers equipped with tight fitting covers.
- Storage of miscellaneous combustible materials shall be orderly.
- Storage shall be maintained 2 feet or more below the ceiling in non-sprinklered areas of buildings.
- Attic under-foot and concealed spaces used for storage of combustible materials shall be protected on the storage side as required for one hour fire-resistive construction unless protected by an approved automatic sprinkler system.
- Storage shall not be placed on exposed joists.
- Combustible and flammable liquids can only be stored in approved containers.
- Caps and lids must be kept on all combustible and flammable cans and containers.

### **MAINTENANCE OF FIRE-RESISTIVE CONSTRUCTION**

- Walls, ceilings, doors, floors and windows shall be properly repaired, restored or replaced when damaged, altered, breached, penetrated, removed or improperly installed to the required level of fire resistance using a listed repair system or using materials and methods equivalent to the original construction.

**City of Bisbee  
Business and Liquor License Fees**

<b>Regular Business License Annual Fees</b>		<b>Additional Types of Business Licenses</b>	<b>Annual Fee</b>	<b>Liquor License Category</b>	<b>Liquor License Fees</b>
1 employee	\$39.00	Water Companies	\$2,400.00	Distillers	\$52.00
2 employees	\$65.00	Telephone Company	\$2,400.00	Brewers	\$52.00
3 employees	\$104.00	Individual Auctioneers	\$260.00	Winery	\$52.00
4 employees	\$130.00	Carnivals / Circus (per day)	\$32.50	On-Sale Retailer All	\$156.00
5-8 employees	\$156.00	Newspaper – Daily	\$130.00	On-Sale Retailer Wine/Beer	\$104.00
9-12 employees	\$260.00	Newspaper – Weekly	\$78.00	On-Sale Retailer Beer	\$52.00
13-20 employees	\$312.00	Transient Merchant	\$130.00	Club License – On Sale All	\$156.00
21-30 employees	\$391.00	Fortune Tellers / Palmist	\$52.00	Hotel / Motel On Site	\$260.00
31-40 employees	\$523.00	Bed & Breakfast 3 units	\$130.00	Restaurant License On Site	\$260.00
40+ employees	\$598.00	Each additional unit (B&B)	\$20.00		
		Rental Units 3 units	\$130.00		
		Each additional unit	\$20.00		
		**Special Events (per day)	\$32.50 per day		



# ARIZONA JOINT TAX APPLICATION

**IMPORTANT:** See attached instructions before completing this application. For licensing questions on Transaction Privilege, Withholding or Use call (602) 542-4576 or 1-800-634-6494 (from area codes 520 and 928). For questions on Unemployment Tax call (602) 248-9396 or e-mail [uit.status@azdes.gov](mailto:uit.status@azdes.gov). Please return complete application to: **License & Registration Section, Department of Revenue, 1600 W Monroe, Phoenix AZ 85007.**

**To complete this online,  
go to [www.aztaxes.gov](http://www.aztaxes.gov)**

*Incomplete applications will not be processed.  
All required information is designated with asterisk \**

**Section A: Taxpayer Information (Please print legibly or type the information on this application.)**

<p>1. License Type (Please check all that apply) *</p> <p><input type="checkbox"/> Transaction Privilege Tax (TPT)</p> <p><input type="checkbox"/> Withholding/Unemployment Tax (if hiring employees)</p> <p><input type="checkbox"/> Use Tax</p> <p><input type="checkbox"/> TPT For Cities ONLY</p>	<p>2. Type of Ownership *</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Individual / Sole Proprietorship</td> <td><input type="checkbox"/> Sub-Chapter S Corporation</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Association</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Government</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Estate</td> </tr> <tr> <td>State of Inc. _____</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td>Date of Inc. _____</td> <td><input type="checkbox"/> Receivership</td> </tr> </table> <p><small>Tax exempt organizations must attach a copy of the Internal Revenue Service letter of determination.</small></p>	<input type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Sub-Chapter S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Government	<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate	State of Inc. _____	<input type="checkbox"/> Joint Venture	Date of Inc. _____	<input type="checkbox"/> Receivership
<input type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Sub-Chapter S Corporation														
<input type="checkbox"/> Partnership	<input type="checkbox"/> Association														
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Trust														
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Government														
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate														
State of Inc. _____	<input type="checkbox"/> Joint Venture														
Date of Inc. _____	<input type="checkbox"/> Receivership														
3. Federal Employer Identification Number (Required for Employers and Entities other than Sole Proprietors) or Social Security Number *															
4. Legal Business Name / Owner / Employing Unit *															
5. Business or "Doing Business As" Name *	6. Business Phone Number * (    )	7. Fax Number (    )													
8. Mailing Address (Street, City, State, ZIP code) *		9. Country													
10. Email Address	11. Is your business located on an Indian Reservation? <input type="checkbox"/> Yes If yes, _____ (See Section G for listing of Reservations) <input type="checkbox"/> No														
12. Physical Location of Business (Street, City, State, ZIP code) *		13. County													

**For additional business locations, complete Section B-12**

<p>14. Are you a construction contractor? *</p> <p><input type="checkbox"/> Yes (See Bonding Requirements below)</p> <p><input type="checkbox"/> No</p>	<p>15. Did you acquire all or part of an existing business? *</p> <p><input type="checkbox"/> Yes If yes, you must complete the Unemployment Tax Information (Section D)</p> <p><input type="checkbox"/> No</p>
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**Bonding Requirements:** Prior to the issuance of a Transaction Privilege Tax license, new or out of state contractors are required to post a Taxpayer Bond for Contractors, unless the Contractor qualifies for an exemption from the bonding requirement. The primary type of contracting being performed determines the amount of bond to be posted. Bonds may also be required from applicants who are delinquent in paying Arizona taxes or have a history of delinquencies. For more information on bonding, please see the "Taxpayer Bonds" publication, which is available online or at the Department of Revenue offices.

16. Description of Business (Must include type of merchandise sold or taxable activity; for employers, the type of employment) \*

17. NAICS Code: (Select at least one. Go to [www.aztaxes.gov](http://www.aztaxes.gov) for a listing of codes)

18. Identification of Owner (and Spouse if married) Partners, Corporate Officers, Members (or Managing Members) or Officials of this employing unit

A. Name (Last, First, MI) *	B. Soc. Sec. No. *	C. Title *	D. % Owned *	E. Complete Residence Address *	F. Phone Number *
					(    )
					(    )
					(    )
					(    )

**If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own or control more than 50% of another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers.**

**THIS BOX FOR AGENCY USE ONLY**

<input type="checkbox"/> New	Acct. No. _____	LIAB _____	DLN _____
<input type="checkbox"/> Change	Start _____	LIAB Est. _____	TPT _____
<input type="checkbox"/> Revise			WH _____
<input type="checkbox"/> Reopen	S/E Date _____		

**Section B: Transaction Privilege Tax (TPT)**

1. Date Business Started in Arizona *	2. Date Sales Began *	3. What is your anticipated annual income for your first twelve months of business?											
4. Business Classes (Select at least one. See Section H for a listing of business classes on page 4) *													
5. TPT Filing Method <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual		6. Does your business sell tobacco products? <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Retailer OR <input type="checkbox"/> Distributor <input type="checkbox"/> No			7. Does your business sell new motor vehicle tires or vehicles? <input type="checkbox"/> No <input type="checkbox"/> Yes (You will be required to file a TR-1.)								
8. Are you a seasonal filer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please check the months in which you intend to do business:											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
9. Location of Tax Records (Street Address, City, State and ZIP code) Do not use PO Box or Route No. *													
10. Name of Company or person to Contact							11. Phone Number ( )						

**For additional locations, complete the following: (If more space is needed, please attach additional sheets)**

12. "Doing Business As" Name for this Location										13. Phone Number ( )			
14. Physical Location Address (Do not use PO Box or Route No.)													
15. City					16. County				17. State		18. ZIP code		
19. "Doing Business As" Name for this Location										20. Phone Number ( )			
21. Physical Location Address (Do not use PO Box or Route No.)													
22. City					23. County				24. State		25. ZIP code		

**Section C: Program Cities / License Fees Below is a list of cities and towns licensed by the Arizona Department of Revenue.**

City/Town	Code	Fee	No. of Loc	Total	City/Town	Code	Fee	No. of Loc	Total	City/Town	Code	Fee	No. of Loc	Total
Apache Junction	AJ	2.00			Goodyear	GY	5.00			Sahuarita	SA	5.00		
Benson	BS	5.00			Guadalupe	GU	2.00			San Luis	SU	2.00		
Bisbee	BB	1.00			Hayden	HY	5.00			Sedona	SE	2.00		
Buckeye	BE	2.00			Holbrook	HB	1.00			Show Low	SL	2.00		
Bullhead City	BH	2.00			Huachuca City	HC	2.00			Sierra Vista	SR	1.00		
Camp Verde	CE	2.00			Jerome	JO	2.00			Snowflake	SN	2.00		
Carefree	CA	10.00			Kearny	KN	2.00			Somerton	SO	2.00		
Casa Grande	CG	2.00			Kingman	KM	2.00			South Tucson	ST	2.00		
Cave Creek	CK	20.00			Lake Havasu	LH	5.00			Springerville	SV	5.00		
Chino Valley	CV	2.00			Litchfield Park	LP	2.00			St. Johns	SJ	2.00		
Clarkdale	CD	2.00			Mammoth	MH	2.00			Superior	SI	2.00		
Clifton	CF	2.00			Marana	MA	5.00			Surprise	SP	10.00		
Colorado City	CC	2.00			Maricopa	MP	2.00			Taylor	TL	2.00		
Coolidge	CL	2.00			Miami	MM	2.00			Thatcher	TC	2.00		
Cottonwood	CW	2.00			Oro Valley	OR	12.00			Tolleson	TN	2.00		
Douglas	DL	5.00			Page	PG	2.00			Tombstone	TS	1.00		
Duncan	DC	2.00			Paradise Valley	PV	2.00			Wellton	WT	2.00		
Eagar	EG	10.00			Parker	PK	2.00			Wickenburg	WB	2.00		
El Mirage	EM	15.00			Patagonia	PA	25.00			Willcox	WC	1.00		
Eloy	EL	10.00			Payson	PS	2.00			Williams	WL	2.00		
Florence	FL	2.00			Pima	PM	2.00			Winkelman	WM	2.00		
Fountain Hills	FH	2.00			Pinetop/Lakeside	PP	2.00			Winslow	WS	10.00		
Fredonia	FD	10.00			Prescott Valley	PL	2.00			Youngtown	YT	10.00		
Gila Bend	GI	2.00			Quartzsite	QZ	2.00			Yuma	YM	2.00		
Gilbert	GB	2.00			Queen Creek	QC	2.00							
Globe	GL	2.00			Safford	SF	2.00							

	<b>Please Note: City fees are subject to change (go to our website for updates). For cities not listed above, please contact the cities directly. Your license will not be issued until all fees are paid.</b>	<b>Total of City Fees:</b>
	<b>State Fees \$12.00 X _____ Number of Locations:</b>	<b>TOTAL Fees:</b>

**Section D: Withholding/Unemployment Tax Information**

<p>1. Are you liable for Federal Unemployment Tax?</p> <p><input type="checkbox"/> Yes If yes, what was the first year of liability?</p> <p><input type="checkbox"/> No Year _____</p>	<p>2. Are individuals performing services for you excluded from withholding or unemployment tax?</p> <p><input type="checkbox"/> Yes If yes, please explain:</p> <p><input type="checkbox"/> No</p>
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<p>3. Do you have an IRS Ruling that grants an exclusion from Federal Unemployment Tax?</p> <p><input type="checkbox"/> Yes If yes, please attach a copy of the Ruling Letter.</p> <p><input type="checkbox"/> No</p>	<p>4. Date Employees First Hired. *</p>	<p>5. Do you have or have you previously had an Unemployment Tax Number?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes If yes, Business Name _____</p> <p style="text-align: right;">Unemployment Number _____</p>
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6. Record of Arizona wages paid by calendar quarter for current and preceding calendar year.				
YEAR	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER

7. Weekly record of number of persons performing services in Arizona for current and preceding calendar year.																																																							
YEAR	JANUARY								FEBRUARY								MARCH								APRIL								MAY								JUNE														
YEAR	JULY								AUGUST								SEPTEMBER								OCTOBER								NOVEMBER								DECEMBER														

**If you acquired all or part of an existing Arizona business, please complete this section**

<p>8. Date Acquired *</p>	<p>9. Acquired *</p> <p><input type="checkbox"/> All</p> <p><input type="checkbox"/> Part "To apply for a portion of the account and its corresponding tax rate, you must file an Application &amp; Agreement for Severable Portion Experience Rating Transfer (UC-247) within 180 days of acquiring the business."</p>	<p>10. Acquired by *</p> <p><input type="checkbox"/> Purchase</p> <p><input type="checkbox"/> Lease</p> <p><input type="checkbox"/> Other</p>	<p>If other, please explain</p>
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**Previous Owner Information**

<p>11. Name(s) of Previous Owner(s) *</p>	<p>12. Business Name of Previous Owner(s) *</p>
<p>13. Current Mailing Address of Previous Owner(s) (Street, City, State, ZIP code)</p>	
<p>14. Current Telephone Number of Previous Owner(s)</p> <p>( )</p>	<p>15. Unemployment Number of Previous Owner(s)</p>

**Voluntary Election of Unemployment Tax Coverage**

16. The applicant, on behalf of the employing unit, voluntarily elects to assume liability regarding employer beginning January 1 of the current calendar year (or the date employment started, if later) and continuing for not less than two full calendar years to:

A. Be deemed an employer subject to Title 23, Chapter 4, Arizona Revised Statutes, 23-725 (D), to the same extent as all other employers and extend unemployment tax coverage to my employees although not mandatory, or

B. Extend coverage to all employees performing services excluded from coverage pursuant to Arizona Revised Statutes, 23-725 (E).

**Section E: AZTaxes.gov Security Administrator (Authorized User)**

By electing to register for [www.aztaxes.gov](http://www.aztaxes.gov) you can have online access to account information, and file and pay Arizona transaction, use, and withholding taxes. You also designate authorized users to access these services.

- I Elect to Register to use aztaxes.gov to file and pay online.
- I DO NOT Elect to Register to use aztaxes.gov to file and pay online.

1. Authorized Users Last Name	2. Authorized Users First Name
3. Authorized Users Title	4. Authorized Users Social Security Number
5. Authorized Users Email Address	6. Authorized Users Phone Number

**Section F: Signature(s) By Individuals legally responsible for the business (required)**

This application must be signed by either a sole owner, partners, corporate officer, managing member, the trustee, receiver or personal representative of an estate.

**Under penalty of perjury I (we), the applicant, declare that the information provided on this application is true and correct.** I (we) hereby authorize the security administrator listed in Section E to access the AZTaxes.gov site for the business identified in Section A. This authority is to remain in full force and effect until the Arizona Department of Revenue has received written termination notification from an authorized officer.

Type or Print Name	Title	Signature	Date
Type or Print Name	Title	Signature	Date

**THIS APPLICATION MUST BE COMPLETED, SIGNED AND RETURNED AS PROVIDED BY ARS § 23-722** Equal Opportunity Employer/Program • This document available in alternative formats by contacting the UI Tax Office.

**Section G: Indian Reservation Codes**

Indian Reservation (County)	Code	Indian Reservation (County)	Code	Indian Reservation (County)	Code	Indian Reservation (County)	Code
Ak-Chin (Pinal)	PNA	Hopi (Coconino)	COJ	Pascua-Yaqui (Maricopa)	MAN	Tohono O'Odham (Pinal)	PNT
Cocopah (Yuma)	YMB	Hopi (Navajo)	NAJ	Pascua-Yaqui (Pima)	PMN	Tonto Apache (Gila)	GLU
Colorado River (La Paz)	LAC	Hualapai (Coconino)	COK	Salt River Pima-Maricopa (Mar.)	MAO	White Mtn Apache (Apache)	APD
Fort McDowell-Yavapai (Mar.)	MAE	Hualapai (Mohave)	MOK	San Carlos Apache (Gila)	GLP	White Mtn Apache (Gila)	GLD
Fort Mohave (Mohave)	MOF	Kaibab-Paiute (Coconino)	COL	San Carlos Apache (Graham)	GRP	White Mtn Apache (Graham)	GRD
Fort Yuma-Quechan (Yuma)	YMG	Kaibab-Paiute (Mohave)	MOL	San Carlos Apache (Pinal)	PNP	White Mtn Apache (Navajo)	NAD
Gila River (Maricopa)	MAH	Navajo (Apache)	APM	San Juan Southern Paiute (Coco.)	COQ	Yavapai Apache (Yavapai)	YAW
Gila River (Pinal)	PNH	Navajo (Coconino)	COM	Tohono O'Odham (Maricopa)	MAT	Yavapai Prescott (Yavapai)	YAX
Havasupai (Coconino)	COI	Navajo (Navajo)	NAM	Tohono O'Odham (Pima)	PMT		

**Section H: Business Classes**

Business Class	Code	Business Class	Code	Business Class	Code	Business Class	Code
Mining - Nonmetal	002	Commercial Lease	013	Use Tax - Utilities	026	Jet Fuel Tax	049
Utilities	004	Personal Property Rental	014	Rental Occupancy Tax	028	Jet Fuel Use Tax	051
Communications	005	Contracting - Prime	015	Use Tax Purchases	029	Rental Car Surcharge	053/055
Transporting	006	Retail	017	Use Tax from Inventory	030	Jet Fuel Tax > 10 million gallons	056
Private Car - Pipeline	007/008	Service - Metalliferous Mining	019	Telecommunications Devices	033	Use Tax Direct Payments	129
Publication	009	Serverance - Timbering Ponderosa	021	911 Wireless Telecommunications	036	911 Wireline Telecommunications	131
Job Printing	010	Serverance - Timbering Other	022	Contracting - Owner Builder	037	Rental Car Surcharge - Stadium	153
Restaurants and Bars	011	Recreational Vehicle Surcharge	023	Municipal Water	041		
Amusement	012	Transient Lodging	025	Membership Camping	047		

## INSTRUCTIONS FOR ARIZONA JOINT TAX APPLICATION

**IMPORTANT:** You must complete each of the following sections or your application will be returned

### USE THIS APPLICATION TO:

- **License New Business:** A new business with no previous owners.
- **Change Ownership:** If acquiring or succeeding to all or part of an existing business or changing business entity (sole owner to corporation, etc.).

**If you need to update a license, add a business location, or make other changes:** Request an update card or provide a written notification of the change (a form is not necessary). Please include fees of \$12 per location plus applicable city fee(s).

### Section A: TAXPAYER INFORMATION

#### 1. LICENSE TYPE

**Transaction Privilege Tax (TPT):** Anyone involved in an activity taxable under the TPT statutes must apply for a TPT License before engaging in business.

For TPT, you are required to obtain and display a separate license certificate for each business or rental location. This may be accomplished in one of the following ways:

Each location may be licensed as a separate business with a separate license number for purposes of reporting transaction privilege and use taxes individually. Therefore a separate application is needed for each location.

Multiple locations may be licensed under a consolidated license number, provided the ownership is the same, to allow filing of a single tax return. If applying for a new license, list the various business locations as instructed below. If already licensed and you are adding locations, **do not use this application to consolidate an existing license. Please submit update form.**

**Withholding & Unemployment Taxes:** Employers paying wages or salaries to employees for services performed in the State must apply for a Withholding number & Unemployment number.

**Use Tax:** Out-of-state vendors (that is, vendors with no Arizona location) making direct sales into Arizona must obtain a Use Tax Registration Certificate. In-state vendors making out-of-state purchases for their own use (and not for resale) must also obtain the Use Tax Registration Certificate.

**TPT for cities only:** This type of license is needed if your business activity is subject to city TPT that is collected by the state, but the activity is not taxed at the state level. Many of the larger cities in Arizona administer and collect their own privilege taxes. Please contact those cities directly to obtain information regarding licensing requirements.

#### 2. TYPE OF OWNERSHIP

Check as applicable. A corporation must provide the state and date of incorporation.

#### 3. Enter your Federal Employer Identification number.

- Taxpayers are required to provide their taxpayer identification number (TIN) on all returns and documents. A TIN is defined as the federal employer identification number (EIN), or social security number (SSN) depending upon how income tax is reported. The

EIN is required for all employers. A penalty of \$5 will be assessed by the Department of Revenue for each document filed without a TIN.

4. Enter the **Legal Business Name** of the Owner or Employing Unit (Name of corporation as listed in its articles of incorporation, or individual & spouse, or partners, or organization owning or controlling the business)
5. Enter the name of the Business/DBA (**doing business as**). If same as above, enter "same."
6. Enter the **business telephone number** including area code.
7. Enter the **fax number** including area code.

#### 8. and 9.

Enter **mailing address** where all correspondence is to be sent. You may use your home address, corporate headquarters, or accounting firm's address, etc. If mailing address differs for licenses (for instance withholding and unemployment insurance), please use cover letter to explain.

10. Enter the **e-mail address** (option) for the business or contact person.
11. See section G for listing of **reservation codes** if your business is located on an Indian Reservation.

#### 12. and 13.

Enter the **physical location** of business including county. This can not be a PO Box or Route Number.

14. If you are a **construction contractor**, read the bonding requirements carefully.
15. If you answered yes, you must complete Section D.
16. Describe the major business activity: principal product you manufacture, commodity sold, or services performed. Your description of the business is very important because it determines your transaction privilege tax rate and provides a basis for state economic forecasting.
17. Enter the **North American Industries Classification System (NAICS) code** identified for your business activity.
18. Identify the **owners of the business**. Enter as many as applicable; attach a separate sheet if additional space is needed.

### Section B: TRANSACTION PRIVILEGE TAX (TPT)

1. Enter the date the business started in Arizona.
2. Enter **date sales began in Arizona**, or estimate when you plan to begin selling in Arizona.
3. Enter the amount of Transaction Privilege Tax income you can reasonable expect to generate in your first twelve months of business. You will be set up for monthly filing unless your anticipated annual income will result in a tax liability of less than \$1,250 which may qualify for a quarterly filer.
4. For businesses applying for Transaction Privilege and/or Use Tax, enter the applicable **business classes** based on your activity. See Section H for listing of business classes.

5. **Cash/Accrual Methods:** Cash method requires the payment of tax based on sales receipts actually received during the period covered on the tax return. When filing under the accrual method, the tax is calculated on the sales billed rather than actual receipts.
6. Complete as indicated.
7. Sellers of new motor vehicles and motor vehicle tires in the state, for on-road use, are required to report and pay waste tire fees to the Department of Revenue. By checking the box, you will receive form TR-1 on a quarterly basis.
8. If your business is seasonal or a transient vendor, indicate the months in which you intend to do business.
9. **10. and 11.**  
Indicate the physical location of your tax records, the contact person and their phone number. This can not be a PO Box or Route Number.
12. **through 25.**  
If you have additional business locations, complete this section. If more space is necessary, attach additional sheets.

### Section C: PROGRAM CITIES / LICENSE FEES

There are no fees for Withholding, Unemployment, or Use Tax registrations. To calculate the fees for TPT licenses, multiply the number of locations in the state by \$12. To calculate the city fees, use the listing of program cities in Section C. First, indicate the number of businesses or physical locations for each of the cities for which the Department of Revenue licenses and collects. Then multiply by the city fee for each city in which you will do business. Add the columns to determine the total city fees. Fill in the totals for state fees and city fees on the application form and total to determine the amount due. Make checks payable to the Arizona Department of Revenue. Be sure to return the city fees sheet with your application. **To obtain licensing for cities not listed on the form, please contact the city directly.**

### Section D: WITHHOLDING/UNEMPLOYMENT TAX INFORMATION

1. Indicate whether you are liable for Federal Unemployment Tax and the first year of your liability.
2. If you have individuals excluded from withholding or unemployment tax, please explain why.
3. Indicate whether you have an IRS Ruling for exclusion from Federal Unemployment Tax. If you have an IRS Ruling that grants an exclusion from Federal Unemployment Taxes, attach a copy.
4. Enter the date employees were first hired in Arizona.
5. If you have or had an unemployment tax number, provide the requested information.
6. Enter the total gross wages paid for each quarter.
7. Enter the number of persons performing services each week.
8. Indicate the date you acquired the business.
9. Please indicate if you acquired all or only a portion of the business.
10. Indicate the manner in which you became the new owner or operator of this business.

11. Enter the name of the previous owner/operator of the business.
12. Enter the previous business name.
13. **through 15.**  
If you know it, we need a current address, phone number and unemployment number for the previous owner.
16. Check the applicable box **only** if you believe you are not required to provide unemployment coverage **and** you voluntarily elect to assume employer coverage subject to the provisions of Title 23, Chapter 4, Arizona Revised Statutes 23-725 (D), to the same extent as all other employers and to extend unemployment tax coverage to all employees **although not mandatory** or to extend coverage to all employees performing services excluded from unemployment tax.

**Please note:** If you voluntarily elect coverage by checking the applicable box, then your signature(s) in Section F shows that you have elected to assume liability pursuant to Arizona Revised Statutes 23-725(D) or (E) and you will not be permitted to challenge this election at a later date if the application is approved. If you have any questions, please refer to the Employers Handbook or Guide to Arizona Employment Tax Requirements available on line at <http://www.azui.com> or by calling the Unemployment Tax Office at (602) 248-9396.

### Section E: AZTaxes.gov AUTHORIZED USER INFORMATION

#### 1. through 6.

Complete this section if you would like to designate a security administrator for your online services at [www.aztaxes.gov](http://www.aztaxes.gov). The authorized individual will have full access to tax account information and will add or delete users and grant user privileges to view tax account information, file tax returns, and remit tax payments on behalf of the business identified in Section A. The name and e-mail address of the administrator are required for registration.

### Section F: SIGNATURES

The application must be signed only by individuals legally responsible for the business, not agents or representatives.

### Section G: INDIAN RESERVATION CODES

If your business is located on an Indian Reservation, select the appropriate code from this table and indicate on Section A-11.

### Section H: BUSINESS CLASSES

Select appropriate business classes based on your business activities. You must indicate at least one business class on Section B-4.