

Business Services

Office location - 7447 E. Indian School Road, #110
Scottsdale, AZ 85251

Mailing Address - P.O. Box 1586
Scottsdale, AZ 85251-1586

Telephone - (480) 312-2400
Fax - (480) 312-4806

Web - www.ScottsdaleAZ.gov/licenses



Fee(s) _____

General Provisions
Ordinance to Applicant
Date & Initial

Misc. Business License
Ordinance to Applicant
Date & Initial

Date Original Application
Received

Bi-Weekly Updates Received
Yes _____ No _____

City of Scottsdale PROMOTER APPLICATION

Promoter License Number

ADOR/Scottsdale Sales Tax License Number

Promoter Name _____ Office Number (____) _____

Business Name (If different than Promoter name) _____

Promoter Address, City, State, Zip _____

Name of Event _____

Location of Event _____ Date(s) of Event _____

Applicant Name _____ Email Address _____

Cell Phone: (____) _____ Fax Number (____) _____

Please attach a legible or typed vendor list of all exhibitors or vendors (selling or displaying) that includes the following information:

1. Name of the business
2. Owner name (first & last name)
3. Complete business address
4. Complete mailing address (if different)
5. Telephone number
6. E-mail address (if applicable)
7. City of Scottsdale Transaction Privilege Sales Tax number or write "Promoting only" if they do not have a sales tax liability

I hereby certify that the statements made herein have been examined by me and they are, to the best of my knowledge and belief, true and complete.

Date

Signature of Applicant