

City of Phoenix Tax Division  
Tax Licensing  
PO Box 2005  
Phoenix, AZ 85003  
Fax: 602-262-7786  
email to: tax@phoenix.gov

# ACCOUNT UPDATE FORM

Date:

## Enter CURRENT License Information:

Account Number

Business Name

Business Address:

City, State, Zip Code


## Enter CHANGES TO License Information Below:

☐ **CANCEL MY LICENSE**

Reason for cancellation:

Last date you did business  
(End Liability Date):

☐ Change **BUSINESS** Location Information

Street Address:

City, State, Zip Code:

Phone Number:


☐ Change **MAILING** Location Information

Care of:

Street Address:

City, State, Zip Code:


☐ Change **Officer, Member, or Management Company** Information

**Note:** If your ownership type has changed, such as from an LLC to a Corporation, or you have sold your business, the existing account must be cancelled and a new application is required for the new ownership. The option to cancel your license appears at the top of this form.

Name:

Title:

Street Address:

City, State, Zip Code:

Phone Number:


☐ Change **RENTAL UNITS**

Residential Rental # of Units

Commercial Rental # of Units

☐ Change **BUSINESS ACTIVITY** - Check all business activities that apply to your business.

☐ Advertising (ST 01)

☐ Home/Speculative Builder (ST 32)

☐ Residential Rental (ST 13)

☐ Short-Term Vehicle Rental (ST 21)

☐ Amusement (ST 12)

☐ Hotel/Lodging <30 Days (ST 25)

☐ Restaurant/Bar (ST 11)

☐ Telecommunications (ST 05)

☐ Commercial Rental (ST 18)

☐ Job Printing (ST 10)

☐ Retail (ST 17)

☐ Use Tax (ST 29))

☐ Construction Contracting (ST 15)

☐ Rental of Personal Property (ST 14)

☐ Retail Food Sales (ST 31)

☐ Use Tax - Out of State (ST 31)

Other:

*The changes indicated on this form are true and complete to the best of my knowledge and I am authorized to complete this update request.*

**REQUIRED Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_