



10th Annual - Hopi Arts and Cultural Festival

Dear Artist,

We are pleased in your interest to attend the 10th Annual Hopi Arts and Cultural Festival on August 28-29, 2021 located at the Continental Country Club Driving Range in Flagstaff, AZ. We have made some changes to the festival this year and we hope that your experience at the 2021 festival will be a great one.

Enclosed/Attached you will find the 2021 Rules and Guidelines for the festival, as well as the Artist Application. Please submit a completed application with copy of Certificate of Indian Blood or Hopi Tribal Enrollment Card (Per Rules and Guidelines), payment, and donation item (if applicable) to pick your booth space. Incomplete applications will be kept on file until all required items are received or until booth spaces are no longer available.

Please be advised that due to the COVID-19 Pandemic, there will be preventative health and safety measures required at the 2021 Festival. Please provide a good point of contact, preferably an email address, on your application for updates on the festival as we move forward to the festival date. You may also visit the festival website for updates for the 2021 Festival. (Hopifestival.com)

If there are any questions regarding the application process and/or festival, please do not hesitate to contact us at 928-522-8675. We look forward to seeing you August 28th – 29th, 2021.

Sincerely,

HAEA Festival Committee



10th Annual - Hopi Arts & Cultural Festival

August 28 – 29, 2021

Festival Rules & Guidelines

Artist Eligibility:

The Hopi Arts & Cultural Festival (Festival) is restricted to artists who are enrolled members of the federally recognized Hopi Tribe and **MUST** provide a copy of their **Tribal Enrollment Card**, or may be an artist of Hopi descendency from the Hopi Tribe and **MUST** submit a copy of their **Certificate of Indian Blood** (CIB) to prove descendency with application.

Schedule – Event Start Time & Artist Setup

Event Date & Time:

- **August 28 & 29, 2021 – 9:00 AM to 5:00 PM (Both Days)**

Setup/Teardown Times:

- **August 27, 2021 – 3:00 PM to 5:00 PM (Early Setup)**
- **August 28, 2021 – 6:30 AM to 8:00 AM (Setup)**
- **August 29, 2021 – 5:00 PM to 6:00 PM (Teardown)**

Canopies may be left overnight August 27th & 28th but must be lowered. Security will be on site overnight

Artwork Rules and Standards

1. Artists must display original works of art for sale, artwork **MUST** have been made by the registered artist in the booth space. It is prohibited to sell artwork that is made by someone else.
2. All artwork is subject to evaluation. If artist has an item or artwork deemed inappropriate, the artist will be asked to remove item from sale immediately.
3. Artists **CANNOT** display or sell any items that contain materials derived from animals which are considered endangered or might otherwise be considered in violation of Federal or Arizona State laws

Arizona Department of Revenue – TPT License (Required)

As mandated by the Arizona Department of Revenue, it is a requirement that any individual or entity that engages in the sale(s) of tangible personal property be required to obtain a Transaction Privilege Tax license (TPT).

In order to participate in the festival, it is required that you provide your TPT license number on the Artist application. Each artist must have their own TPT License number. For more information on how to obtain a TPT license, you may call 1-800-843-7196 or go online to: <https://azdor.gov/transaction-privilege-tax/tpt-license/applying-tpt-license>

Artist's Booth

1. Each Booth Space is a **10' X 10'** space. Each artist is responsible for providing their own canopy, chair(s), and table(s). Canopy **MUST** either be staked or weighted down to prevent canopy from moving.
2. Sharing of a booth is limited to one (1) additional artist. Maximum of two (2) Artists per booth space. Please keep additional family members or friends at your booth to a minimum.
3. All artists **MUST** staff their booth during official festival hours of operation.
4. All forms of Artwork **MUST** be Hopi handmade and/or Hopi designed.
5. Artists are required to keep booth set up until 5:00pm each day of the festival.
6. No animals are allowed in booth spaces; **EXCEPT** Service dogs as defined in the Americans with Disabilities Act.
7. Any Artist who misrepresents themselves or their artwork, will be asked to leave the festival. **NO REFUNDS** or booth transfers will be authorized. At the discretion of the committee, an artist may not be allowed to participate in future HTEDC Arts and Education Association (HAEA) events for violations.
8. All Artists **MUST** conduct themselves in an appropriate manner that reflects the dignity of the event and does not reflect negatively on the festival and its participants.
9. ***Use/Consumption of Alcoholic beverages, drugs, and/ or smoking by Artist(s) is PROHIBITED in the festival area and during festival hours of operation.***
10. Festival reserves the right to prohibit the sale of any item(s) deemed inappropriate or culturally sensitive.
11. Festival provides limited security coverage throughout the event. It is the artist's responsibility to have adequate insurance coverage for their possessions and property. Festival is not responsible for any loss, theft, accidents, or acts of nature incurred by artist(s).
12. No Walk-in booths will be accepted.
13. No Stores or Dealers are allowed.
14. No **REFUNDS** will be authorized if an artist cancels, is a "No Show", or removed from the Festival. Artist(s) may be eligible for a partial refund if event is cancelled due to matters beyond HAEA's control.
15. Festival reserves the right to remove an artist from Festival who fails to comply with Festival Rules & Guidelines.
16. Festival reserves the right to assign/re-assign artists locations in the best interest of the Festival.
17. Due to the recent COVID-19 Pandemic, HAEA may be required to implement Health and Safety Measures. Participants/Artist(s) are asked to comply with posted measures. Refusal to comply may result in removal from festival and refund will not be given if removed.

Application and Payments

APPLICATIONS

1. Completed application along with full payment **MUST** be submitted in order to select booth space.
2. Deadline for applications and payments is August 6, 2021 (4:30pm)

PAYMENTS

Booth Fee - Enrolled Hopi Members: \$120.00

Booth Fee – Non-Enrolled Hopi Members: \$140.00

***Additional Artist Fee* (Booth Sharing): \$75.00**

Donation Discount: \$15.00 - Donation of an item worth at least \$25.00 must be dropped off with payment to be eligible

(Items donated will be used for Silent Auction/ Raffle)

****Only Money orders, Credit/Debit Cards, and Cashier's Checks will be accepted****

Applications and Payments can be dropped off at the:

Hopi Tribe Economic Development Corporation
5200 E. Cortland Blvd, STE E200-7
Flagstaff, AZ 86004

Or mailed to:

HTEDC Arts & Education Association – Festival Committee
5200 E. Cortland Blvd, STE E200-7
Flagstaff, AZ 86004



10th Annual - Hopi Arts & Cultural Festival

Artist Application

Artist Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Hopi Enrollment Number: _____ Check Box - If not an Enrolled Hopi Member:

*Enrolled members submit a copy of **Enrollment Card**. Non-Enrolled Members submit a copy of **Certificate of Indian Blood** for Hopi Descendancy*

Arizona Tax License Number (State Required): _____

(Call AZ Department of Revenue for more information: 1-800-843-7196)

Type of Hopi Artwork to be sold: _____

Shared Booth Applicant – If Applicable

Artist Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Hopi Enrollment Number: _____ Check Box - If not an Enrolled Hopi Member:

*Enrolled members submit a copy of **Enrollment Card**. Non-Enrolled Members submit a copy of **Certificate of Indian Blood** for Hopi Descendancy*

Arizona Tax License Number (Required): _____

(Call AZ Department of Revenue for more information: 1-800-843-7196)

Type of Hopi Artwork to be sold: _____

~ * ~ * ~ * ~

Please submit a copy of your Hopi Enrollment Card if you are an enrolled Hopi Tribal Member with your application. If you are a Hopi Artist who would like to participate but are NOT an enrolled Hopi Tribal Member, please submit a copy of your Certificate of Indian Blood (CIB) with your application to show proof of Hopi Descendancy.



10th Annual - Hopi Arts & Cultural Festival

Booth Fee

Booth Fee:

Enrolled Hopi Members - Booth Size: 10 X 10.....# _____ Booth(s) X \$120.00.....Total\$ _____
 Non-Enrolled Hopi Members - Booth Size: 10 X 10.....# _____ Booth(s) X \$140.00.....Total\$ _____
 Additional Artist (Limit (1) per booth) \$75.00....Total\$ _____
Total Due \$ _____

Less Donation Discount \$15.00

(To be eligible for donation discount please submit a piece of artwork worth at least \$25.00 to our raffle/silent auction with payment)

Total Due \$ _____

*****Application and Payment Due By: August 6, 2021 (4:30 PM)*****

Booth Spaces are on a First Come, First Serve Basis

Acknowledgement

As a participant in this event, I do hereby agree to hold harmless, indemnify, and defend HTEDC Arts & Education Association from/against all liability, responsibility, loss, damage, cost, or expense of any kind whatsoever (including, but not limited to cost, interest, and attorney's fees) which I may incur, suffer, be put to, pay or be required to pay, incident to or arising directly or indirectly from any intentional or negligent act or omission. I further agree that the Hopi Arts & Cultural Festival and their respective employees and volunteers shall not be responsible in any way for (1) Damages, loss, or destruction of any of my property or (2) injury to myself or its representative, agency, employee, licensees, or invitees.

In order to participate in this event, I acknowledge that I am either an enrolled member of the Hopi Tribe or have proof of Hopi Descendancy to sell artwork deemed (categorized) Hopi to comply with the Indian Arts and Crafts Act of 1990. (Submit a copy of enrollment Card if an enrolled Hopi Member or Certificate of Indian Blood for Hopi descendancy)

Furthermore, I acknowledge that I have read and agreed to uphold and abide by the rules and guidelines for the 10th Annual Hopi Arts and Cultural Festival. Also, by participating in the Festival, I authorize HTEDC Arts and Education Association to take photos of me and my work for future marketing and organizational purposes (i.e. Funding Request, Fundraising, etc.).

In signing this application form, I do hereby agree to and understand the contents of the Acknowledgement and the Rules and Guidelines as set forth herein.

Applicant's Signature: _____

2nd Applicant Signature: _____

(If Applicable)

Please Send Completed Application and Payment to:

HTEDC Arts & Education Association – Festival Committee
5200 E. Cortland Blvd. STE E-200-7, Flagstaff, AZ 86004

HAEA Office Use Only

Payment Date: _____ Amount Received: \$ _____

Payment Type: _____ MO/Cashier CK _____ Card

Received by: _____

ARIZONA JOINT TAX APPLICATION (JT-1)



Customer Care and Outreach
ARIZONA DEPARTMENT OF REVENUE
 PO BOX 29032
 Phoenix, AZ 85038-9032

IMPORTANT! Incomplete applications WILL NOT BE PROCESSED.

- Please read form instructions while completing the application. Additional information and forms available at www.azdor.gov
- Required information is designated with an asterisk (*).
- Return completed application AND applicable license fee(s) to address shown at left.
- For licensing questions regarding transaction privilege tax, call Customer Care and Outreach: (602) 255-3381

You can register, file and pay for this application online at www.AZTaxes.gov. It is fast and secure.

SECTION A: Business Information

1* Federal Employer Identification Number or Social Security Number, <i>required if sole proprietor with no employees</i>		2* License Type – <i>Check all that apply.</i> <input type="checkbox"/> Transaction Privilege Tax (TPT) <input type="checkbox"/> Use Tax <input type="checkbox"/> Withholding/Unemployment Tax <i>(if hiring employees)</i> <input type="checkbox"/> TPT for Cities ONLY																	
3* Type of Organization/Ownership – <i>Tax exempt organizations must attach a copy of the Internal Revenue Service's letter of determination.</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Individual/Sole Proprietorship</td> <td><input type="checkbox"/> Subchapter S Corporation</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Receivership</td> </tr> <tr> <td>State of Inc. _____</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td>Date of Inc. <u>MM/DD/YYYY</u></td> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Limited Liability Partnership</td> <td></td> </tr> </table>				<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Subchapter S Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Estate	<input type="checkbox"/> Receivership	State of Inc. _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust		Date of Inc. <u>MM/DD/YYYY</u>	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership	
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Subchapter S Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Joint Venture																
<input type="checkbox"/> Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Estate	<input type="checkbox"/> Receivership																
State of Inc. _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust																	
Date of Inc. <u>MM/DD/YYYY</u>	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership																	
4* Legal Business Name																			
5* Mailing Address – number and street		City	State																
County/Region		ZIP Code																	
Country/Region		Country																	
6* Business Phone No. <i>(with area code)</i>	7 Email Address	8 Fax Number <i>(with area code)</i>																	
9* Description of Business: <i>Describe merchandise sold or taxable activity.</i>																			
10* NAICS Codes: Available at www.azdor.gov																			
11* Did you acquire or change the legal form of an existing business? <input type="checkbox"/> No <input type="checkbox"/> Yes → You must complete Section F		12* Are you a construction contractor? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(see bonding requirements)</i>																	
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. Refer to the publication, Taxpayer Bonds, available online at www.azdor.gov or in Arizona Department of Revenue offices.																			
WITHHOLDING LICENSE ONLY																			
13* Withholding Physical Location Number and street <i>(Do not use PO Box, PMB or route numbers)</i>		City	State																
County/Region		ZIP Code																	
Country/Region		Country																	

Continued on page 2 →

FOR AGENCY USE ONLY		
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Revise <input type="checkbox"/> Reopen	ACCOUNT NUMBER	DLN
	START	TRANSACTION PRIVILEGE TAX
	S/E DATE	WITHHOLDING / SSN / EIN
	COMPLETED DATE	EMPLOYEE'S NAME
	LIABILITY	LIABILITY ESTABLISHED

CASHIER'S STAMP ONLY. DO NOT MARK IN THIS AREA.

Name (as shown on page 1)	FEIN or SSN (as shown on page 1)
---------------------------	----------------------------------

SECTION B: Identification of Owners, Partners, Corporate Officers Members/Managing Members or Officials of this Employing Unit

If you need more space, attach Additional Owner, Partner, Corporate Officer(s) form available at www.azdor.gov. If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own more than 50% of or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers or provide a Power of Attorney (Form 285) which must be filled out and signed by an authorized corporate officer.

Owner 1	*Social Security No.	*Title	*Last Name	First Name	Middle Intl.
	*Street Address		*City	*State	* % Owned
	*ZIP Code	*County	*Phone Number (with area code)		*Country
Owner 2	*Social Security No.	*Title	*Last Name	First Name	Middle Intl.
	*Street Address		*City	*State	* % Owned
	*ZIP Code	*County	*Phone Number (with area code)		*Country
Owner 3	*Social Security No.	*Title	*Last Name	First Name	Middle Intl.
	*Street Address		*City	*State	* % Owned
	*ZIP Code	*County	*Phone Number (with area code)		*Country

SECTION C: Transaction Privilege Tax (TPT)

1* Date Business Started in Arizona <small>MM/DD/YYYY</small>	2* Date Sales Began <small>MM/DD/YYYY</small>	3 What is your Estimated Tax Liability for your first twelve months of business?	
4 Filing Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Seasonal <input type="checkbox"/> Annual If seasonal filer, check the months for which you intend to do business: <input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APR <input type="checkbox"/> MAY <input type="checkbox"/> JUN <input type="checkbox"/> JUL <input type="checkbox"/> AUG <input type="checkbox"/> SEP <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC			
5 Does your business sell tobacco products? <input type="checkbox"/> Yes → <input type="checkbox"/> Retailer OR <input type="checkbox"/> Distributor	6 TPT Filing Method <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual	7 Does your business sell new motor vehicle tires or vehicles? <input type="checkbox"/> Yes → You will have to file Motor Vehicle Tire Fee form available at www.azdor.gov	
8* Tax Records Physical Location – number and street <small>(Do not use PO Box, PMB or route numbers)</small>		City	State ZIP Code
County		Country	
9* Name of Contact		* Phone Number (with area code)	Extension

SECTION D: Transaction Privilege Tax (TPT) Physical Location

1* Business Name, "Doing Business As" or Trade Name at this Physical Location			2* Phone Number (with area code)		
3* Physical Location of Business or Commercial/Residential Rental Number and street <small>(Do not use PO Box, PMB or route numbers)</small>			City	State	ZIP Code
County/Region			Country		
Residential Rental Only – Number of Units			Reporting City (if different than the physical location city)		
4* Additional County/Region Indian Reservation/City: County/Region Indian Reservation and City Codes available at www.azdor.gov					
County/Region			City		
Business Codes (Include all codes that apply): See instructions. Complete list available at www.azdor.gov					
State/County			City		

If you have more locations, attach Additional Business Locations form available at www.azdor.gov

Name (as shown on page 1)	FEIN or SSN (as shown on page 1)
---------------------------	----------------------------------

SECTION E: Withholding & Unemployment Tax Applicants

1* Regarding THIS application, Date Employees First Hired in Arizona M M M D D Y Y Y Y	2 Are you liable for Federal Unemployment Tax? <input type="checkbox"/> Yes → First year of liability: Y Y Y Y								
3 Are individuals performing services that are excluded from withholding or unemployment tax? <input type="checkbox"/> Yes → Describe services:	4 Do you have an IRS ruling that grants an exclusion from Federal Unemployment Tax? <input type="checkbox"/> Yes → Attach a copy of the Ruling Letter.								
5 Do you have, or have you previously had, an Arizona unemployment tax number? <input type="checkbox"/> No <input type="checkbox"/> Yes → Business Name: _____ Unemployment Tax Number: _____									
6 First calendar quarter Arizona employees were/will be hired and paid (indicate quarter as 1, 2, 3, 4):	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Hired Year</th> <th style="width:15%;">Hired Quarter</th> <th style="width:15%;">Paid Year</th> <th style="width:15%;">Paid Quarter</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">Y Y Y Y</td> <td style="text-align:center;">Q</td> <td style="text-align:center;">Y Y Y Y</td> <td style="text-align:center;">Q</td> </tr> </tbody> </table>	Hired Year	Hired Quarter	Paid Year	Paid Quarter	Y Y Y Y	Q	Y Y Y Y	Q
Hired Year	Hired Quarter	Paid Year	Paid Quarter						
Y Y Y Y	Q	Y Y Y Y	Q						
7 When did/will you first pay a total of \$1,500 or more gross wages in a calendar quarter? (indicate quarter as 1, 2, 3, 4) <small>Exceptions: \$20,000 gross cash wages Agricultural; \$1,000 gross cash wages Domestic/Household; not applicable to 501(c)(3) Non-Profit.</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Year</th> <th style="width:15%;">Quarter</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">Y Y Y Y</td> <td style="text-align:center;">Q</td> </tr> </tbody> </table>	Year	Quarter	Y Y Y Y	Q				
Year	Quarter								
Y Y Y Y	Q								
8 When did/will you first reach the 20 th week of employing 1 or more individuals for some portion of a day in each of 20 different weeks in the same calendar year? (indicate quarter as 1, 2, 3, 4) <small>Exceptions: 10 or more individuals Agricultural; 4 or more individuals 501(c)(3) Non-Profit; not applicable to Domestic/Household</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Year</th> <th style="width:15%;">Quarter</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">Y Y Y Y</td> <td style="text-align:center;">Q</td> </tr> </tbody> </table>	Year	Quarter	Y Y Y Y	Q				
Year	Quarter								
Y Y Y Y	Q								

SECTION F: Acquired Business Information

If you answered "Yes" to Section A, question 11, you must complete Section F.

1* Did you acquire or change all or part of an existing business? <input type="checkbox"/> All <input type="checkbox"/> Part	2* Date of Acquisition M M M D D Y Y Y Y	3* EIN of Business Under Previous Owner
4* Previous Owner's Telephone Number	5* Name of Business Under Previous Owner	6* Name of Previous Owner
7* Did you change the legal form of all or part of the Arizona operations of your existing business? (e.g., change from sole proprietor to corporation or etc.) <input type="checkbox"/> All <input type="checkbox"/> Part	8* Date of Change M M M D D Y Y Y Y	9* EIN of Previous Legal Form

SECTION G: AZTaxes.gov Security Administrator

Visit www.AZTaxes.gov (the Arizona Department of Revenue's online customer service center) to register for online services. The authorized individual will have full online access to transaction privilege, use, withholding and corporate tax account information and services. The authorized individual will be able to add or delete users and grant user privileges. Online services include viewing tax account information, filing tax returns, signing returns electronically with a Self-Select Personal Identification Number (PIN) and remitting tax payments.

SECTION H: Required Signatures

This application must be signed by either a sole owner, at least two partners, managing member or corporate officer legally responsible for the business, trustee or receiver or representative of an estate that has been listed in Section B.

1 Print or Type Name	2 Print or Type Name
Title	Title
Date	Date
Signature	Signature

This application must be completed, signed, and returned as provided by A.R.S. § 23-722.

Equal Opportunity Employer/Program
 This application is available in alternative formats at Unemployment Insurance Tax Office.

PLEASE COMPLETE SECTION I: STATE/COUNTY & CITY LICENSE FEE WORKSHEET TO CALCULATE AND REMIT TOTAL AMOUNT DUE WITH THIS APPLICATION.

Name (as shown on page 1)	FEIN or SSN (as shown on page 1)
---------------------------	----------------------------------

SECTION I: State/County & City License Fee Worksheet

ALL FEES ARE SUBJECT TO CHANGE. Check for updates at www.azdor.gov.

To calculate CITY FEE: Multiply No. of Locations by the License Fee and enter sum in License Subtotal.

City/Town	Code	No. of Loc's	License Fee	License Subtotal	City/Town	Code	No. of Loc's	License Fee	License Subtotal	City/Town	Code	No. of Loc's	License Fee	License Subtotal
Apache Junction	AJ		\$2.00		Goodyear	GY		\$5.00		Sahuarita	SA		\$5.00	
Avondale	AV		\$0.00		Guadalupe	GU		\$2.00		San Luis	SU		\$2.00	
Benson	BS		\$5.00		Hayden	HY		\$5.00		Scottsdale	SC		\$50.00	
Bisbee	BB		\$1.00		Holbrook	HB		\$1.00		Sedona	SE		\$2.00	
Buckeye	BE		\$2.00		Huachuca City	HC		\$2.00		Show Low	SL		\$2.00	
Bullhead City	BH		\$2.00		Jerome	JO		\$2.00		Sierra Vista	SR		\$1.00	
Camp Verde	CE		\$2.00		Keamy	KN		\$2.00		Snowflake	SN		\$2.00	
Carefree	CA		\$10.00		Kingman	KM		\$2.00		Somerton	SO		\$2.00	
Casa Grande	CG		\$2.00		Lake Havasu	LH		\$5.00		South Tucson	ST		\$2.00	
Cave Creek	CK		\$20.00		Litchfield Park	LP		\$2.00		Springerville	SV		\$5.00	
Chandler	CH		\$2.00		Mammoth	MH		\$2.00		St. Johns	SJ		\$2.00	
Chino Valley	CV		\$2.00		Marana	MA		\$5.00		Star Valley	SY		\$2.00	
Clarkdale	CD		\$2.00		Maricopa	MP		\$2.00		Superior	SI		\$2.00	
Clifton	CF		\$2.00		Mesa	ME		\$20.00		Surprise	SP		\$10.00	
Colorado City	CC		\$2.00		Miami	MM		\$2.00		Taylor	TL		\$2.00	
Coolidge	CL		\$2.00		Nogales	NO		\$0.00		Tempe	TE		\$50.00	
Cottonwood	CW		\$2.00		Oro Valley	OR		\$12.00		Thatcher	TC		\$2.00	
Dewey/Humboldt	DH		\$2.00		Page	PG		\$2.00		Tolleson	TN		\$2.00	
Douglas	DL		\$5.00		Paradise Valley	PV		\$2.00		Tombstone	TS		\$1.00	
Duncan	DC		\$2.00		Parker	PK		\$2.00		Tucson	TU		\$20.00	
Eagar	EG		\$10.00		Patagonia	PA		\$0.00		Tusayan	TY		\$2.00	
El Mirage	EM		\$15.00		Payson	PS		\$2.00		Wellton	WT		\$2.00	
Eloy	EL		\$10.00		Peoria	PE		\$50.00		Wickenburg	WB		\$2.00	
Flagstaff	FS		\$20.00		Phoenix**	PX		\$50.00		Willcox	WC		\$1.00	
Florence	FL		\$2.00		Pima	PM		\$2.00		Williams	WL		\$2.00	
Fountain Hills	FH		\$2.00		Pinetop/Lakeside	PP		\$2.00		Winkelman	WM		\$2.00	
Fredonia	FD		\$10.00		Prescott	PR		\$5.00		Winslow	WS		\$10.00	
Gila Bend	GI		\$2.00		Prescott Valley	PL		\$2.00		Youngtown	YT		\$10.00	
Gilbert	GB		\$2.00		Quartzsite	QZ		\$2.00		Yuma	YM		\$2.00	
Glendale	GE		\$35.00		Queen Creek	QC		\$2.00						
Globe	GL		\$2.00		Safford	SF		\$2.00						

Subtotal City License Fees (column 1) \$	Subtotal City License Fees (column 2) \$	Subtotal City License Fees (column 3) \$
--	--	--

AA TOTAL City License Fee(s) (column 1 + 2 + 3)..... \$

	No. of Loc's	Fee per Location	TOTAL
BB TOTAL State License Fee(s): Calculate by multiplying number of business locations by \$12.00		\$12.00	\$
Residential Rental License Fees - Only Chandler, Phoenix, and Scottsdale Multiply the number of units per locations by \$2.00 (\$50.00 Annual Cap per license).	No. of Units	No. of Loc's	City Fee
ONLY CHANDLER, PHOENIX, and SCOTTSDALE should use this section. DO NOT use the fee chart above to calculate license fees. The amount for each city CANNOT EXCEED \$50.00	Residential Rental License-Chandler		\$
	Residential Rental License-Phoenix		\$
	Residential Rental License-Scottsdale		\$

CC TOTAL City Residential Rental License Fees (Add Chandler, Phoenix, & Scottsdale)..... \$

DD TOTAL DUE (Add lines AA + BB + CC)..... \$

- Make check payable to Arizona Department of Revenue.
- Do not send cash.
- Include FEIN or SSN on payment.
- License will not be issued without full payment of fee(s).

**If your only business is under Class 213, Commercial Lease, there is no license fee due.



ARIZONA DEPARTMENT OF REVENUE
GENERAL INSTRUCTIONS FOR ARIZONA JOINT TAX APPLICATION (JT-1)

Online Application

Go to www.AZTaxes.gov

Notice for Construction Contractors: Due to bonding requirements, construction contractors are not permitted to license for transaction privilege tax online. For more information, please contact us.

Mailing Address

Arizona Department of Revenue
PO Box 29032
Phoenix, AZ 85038-9032

**Customer Service
Center Locations**

8:00 a.m. - 5:00 p.m.

Monday through Friday
(except Arizona holidays)

Phoenix Office

1600 W Monroe
Phoenix, AZ 85007

Tucson Office

400 W Congress
Tucson, AZ 85701

7:00 a.m. - 6:00 p.m.

Monday through Thursday

8:00 a.m. - 12:00 p.m.

Friday

(except Arizona holidays)

Mesa Office

55 N Center
Mesa, AZ 85201

(This office does not handle billing or account disputes.)

**Customer Service
Telephone Numbers**

Licensing for TPT, Withholding or Use Tax
(Arizona Department of Revenue)
(602) 255-3381

Unemployment Tax
(Arizona Department of
Economic Security)
(602) 771-6602

E-mail: uitstatus@azdes.gov

The Arizona Joint Tax Application (JT-1) is used to apply for Transaction Privilege Tax, Use Tax, and Employer Withholding and Unemployment Insurance. The Application is called "Joint" because it is used by both the Department of Revenue and Economic Security.

USE THIS APPLICATION TO:

- **License New Business:** If you are selling a product or engaging in a service subject to transaction privilege tax, you will most likely need to obtain the state transaction privilege tax license (TPT) license.
- **Change Ownership:** If acquiring or succeeding to all or part of an existing business or changing the legal form of your business (sole proprietorship to corporation, etc.).

IMPORTANT: To avoid delays in processing of your application, we recommend you read these instructions and refer to them as needed to ensure you have accurately entered all the required information. **This application must be completed, signed, and returned as provided by A.R.S. § 23-722.**

- Please read form instructions while completing the application. Additional information and forms are available at www.azdor.gov.
- Required information is designated with an asterisk (*).
- Please complete Section I: State/County & City License Fee Worksheet to calculate and remit **Total Amount Due** with this application.

When completing this form, please **print or type in black ink**. Legible applications are required for accurate processing. The following numbered instructions correspond to the numbers on the Form JT-1.

If you need to update a license, add a business location, get a copy of your license, or make other changes: Complete a Business Account Update form and include a State fee of \$12 per location and any applicable fees related to locations within the City/Town jurisdictions. Additional information and forms are available at www.azdor.gov.

Section A: BUSINESS INFORMATION

1. Provide your **Federal Employer Identification No.** (FEIN) or Social Security No. (SSN) if you are a sole proprietor without employees. 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 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.

2. **License Type (Check all that apply):**

Transaction Privilege Tax (TPT): Anyone engaged in a business 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 a **Business Account Update form**, available at www.azdor.gov.

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 business not required to be licensed in Arizona for TPT purposes, making out-of state purchases for their own use (and not for resale) must also obtain the Use Tax registration.

TPT for cities only: This type of license is needed if your business activity is subject to city TPT which is collected by the state, but the activity is not taxed at the state level.

3. **Type of Organization/Ownership:** Check as applicable. A corporation must provide the state and date of incorporation.
4. Provide the **Legal Business Name** or owner or corporation as listed in its articles of incorporation, or individual and spouse, or partners, or organization owning or controlling the business.
5. Provide the **Mailing Address** (number and street) 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 send a cover letter with completed application to explain.

6. Provide the **Business Phone Number** including the area code.
7. Provide the **Email Address** for the business or contact person.
8. Provide the **Business Fax Number** including the area code.
9. Provide the **Description of Business** by describing the major taxable business activity, principle product you manufacture, commodity sold, or services performed. Your description of business is very important and **MUST** link to the appropriate **NAICS Code** and **Business Code**.
10. Provide all **North American Industries Classification System (NAICS) Code(s)** that apply. The NAICS is identified for your business, based on your major business activity, principle product you manufacture, commodity sold, or services performed. You must indicate at least one NAICS code. A current listing is available at www.azdor.gov.
11. If you acquired or changed the legal name of an existing business, you must complete Section F of this application. If you check NO, proceed to number 12.
12. If you are a construction contractor, read bonding requirements and submit the appropriate bonding paperwork with this application. If you check NO, proceed to number 13.
13. Provide the **Withholding Physical Location** of the business. This address cannot be a PO Box or Route Number.

Section B: IDENTIFICATION OF OWNERS, PARTNERS, CORPORATE OFFICERS, MEMBERS/ MANAGING MEMBERS OR OFFICIALS OF THIS EMPLOYING UNIT

Provide the full name, social security number and title of all Owners, Partners, Corporate Officers, Members/ Managing Members or Officials of the Employing Unit. If you need additional space, attach Additional Owners, Partners, Corporate Officer(s) Addendum available at www.azdor.gov. If the owner, partners, corporate officers or combination of partners or corporate officers, members and/ or managing members own more than 50% of, or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers or provide a General Disclosure/ Power of Attorney (Form 285) which must be filled out and signed by an authorized corporate officer.

Section C: TRANSACTION PRIVILEGE TAX (TPT)

1. Provide the **Date Business Started** in Arizona.
2. Provide the **Date Sales Began** in Arizona or estimate when you plan to begin selling in Arizona.
3. **Tax Liability:** Provide the amount of gross income you can reasonably expect to generate in your first twelve months of business. You will be set up for monthly filing unless your Estimated Tax Liability will result in a tax liability of less than \$8,000, which will require you to file quarterly.
4. Based on your tax liability, provide your filing frequency. If your total estimated annual combined Arizona, county and municipal TPT liability is:
 - Less than \$2,000, you may file and pay **annually**.
 - Between \$2,000 and \$8,000, you may file and pay **quarterly**.
 - Otherwise, your transaction privilege taxes are due **monthly**.
 If your business is **Seasonal** or you are a transient **vendor**, indicate the months in which you intend to do business in Arizona.
5. Indicate whether your business sells **tobacco products**. If you checked yes, check the box to indicate if you are a retailer or distributor of tobacco products.
6. **TPT Filing Method:** Check which filing method your business uses for determining tax liability. Cash basis requires the payment of tax based on sales receipts actually received during the period covered on the tax return. When filing under the accrual basis the tax is calculated on the sales billed rather than actual receipts.
7. If you sell new **Motor Vehicle Tires or Vehicles**, you must file the Motor Vehicle Waste Tire Fee form (TR-1) available at www.azdor.gov. Sellers of new motor vehicles and motor vehicle tires in the state, for on-road use, are required to report and pay a waste tire fee to the Department of Revenue.
8. through 9. **Tax Records Physical Location** indicate the physical address where your tax records are located. Include the contact person's name and phone number.

Section D: TRANSACTION PRIVILEGE TAX (TPT) PHYSICAL LOCATION

1. Provide the **Business Name, "Doing Business As" (DBA)**. DBA is the name of a business other than the owner's name or, in the case of a corporation, a name that is different from the legal or true corporate name. If it is the same as the **Legal Business Name** enter "same".
2. Provide the **Business Phone Number** including the area code.
3. Provide the **Physical Location** of the business. This address cannot be a PO Box or Route Number. Provide:
 - **County/Region**
 - **Residential Rentals ONLY** - Number of Units
 - **Reporting City**, if different from the **Physical Location** city. For example, if the location for the listed address

is listed in an adjacent city, such as Scottsdale, but the location of the business is actually within the city of Phoenix. See "TPT Rate Look Up" on www.AZTaxes.gov.

4. Provide if your business is located on an Indian Reservation; provide the **Additional County/Region Indian Reservation Code(s)**. A current listing is available at www.azdor.gov.

Provide the **Business Code(s)** including all State and City Business Code(s) that apply; based on your major business activity, principle product you manufacture, commodity sold, or services performed. You must indicate at least one business code. A current listing is available at www.azdor.gov.

If you have more locations, attach Additional Business Locations form available at www.azdor.gov.

Section E: WITHHOLDING & UNEMPLOYMENT TAX APPLICANTS

1. Provide the **Date Employees First Hired** in Arizona.
2. If you are liable for Federal Unemployment Tax, check YES and enter the first year of liability.
3. If individuals in your business are performing services that are excluded from withholding or unemployment tax, check YES and describe the services these individuals are performing.
4. If your business has an IRS ruling that grants an exclusion from Federal Unemployment Tax, check YES and you must attach a copy of the Ruling Letter to this application.
5. If you have, or previously had an Arizona unemployment tax number, check YES and provide the business name you used and the unemployment number.
6. Provide the first calendar quarter Arizona employees were or will be hired and paid.
7. When do you anticipate or did you first pay a total of \$1,500 or more in gross wages in a calendar quarter? Indicate the year and quarter in which this occurred or will occur.
8. When do you anticipate or did you first reach the 20th week of employing 1 or more individuals for a full or partial day within the same calendar year? Indicate the year and quarter in which this occurred or will occur.

Section F: ACQUIRED BUSINESS INFORMATION

1. Did you acquire or change all or part of an existing business? If part, to obtain an unemployment tax rate based on the business's previous account, you must request it no later than 180 days after the date of acquisition or legal form of business change; contact the Unemployment Tax Office Experience Rating Unit for an Application & Agreement for Severable Portion Experience Rating Transfer (form UC-247; printable version available online at www.azui.com).

2. Provide the date you acquired the previous owner's business or changed the legal form of your existing business (sole proprietor to corporate, etc.).
3. through 6. Complete as indicated if you know the previous owner's information.
7. through 9. If you merely changed the legal form of your existing business, indicate whether or not you changed all or part of the business, the date of change and EIN of previous Legal Form of Business.

Section G: AZTAXES.GOV SECURITY ADMINISTRATOR

Visit www.AZTaxes.gov (the Arizona Department of Revenue's online customer service center) to register for online services. The authorized individual will have full online access to transaction privilege, use, withholding and corporate tax account information and services. The authorized individual will be able to add or delete users and grant user privileges. Online services include viewing tax account information, filing tax returns, signing returns electronically with a Self-Select Personal Identification Number (PIN) and remitting tax payments.

Section H: REQUIRED SIGNATURES

This application must be signed only by either a sole owner, at least two partners, managing member or corporate officer legally responsible for the business. This application CANNOT be signed by agents or representatives.

Section I: STATE/COUNTY & CITY LICENSE FEE WORKSHEET

There are no fees for Withholding/Unemployment Insurance, or Use Tax registrations. State license fees are calculated per business location. To calculate the city license fees, use the listing of cities on page 4, Section I of this application. City fees are subject to change. Check for updates at www.azdor.gov.

- AA: TOTAL City License Fees – To calculate the city fees, multiply No. of Locations in the city by the license fee and enter sum in Subtotal City License Fees. Then calculate and enter the sum of columns 1 + 2 + 3. If you have a location in Phoenix and the business is only under Class 213, Commercial Lease, there is no license fee due.
- BB: TOTAL State License Fees – To calculate the state fees, multiply the No. of locations in the state by \$12.
- CC: TOTAL City Residential Rental License Fee – USE THIS SECTION FOR CHANDLER, PHOENIX AND SCOTTSDALE ONLY. These cities WILL NOT use the larger fee chart. To calculate Residential Rental license fee, multiple the No. of units by the No. of locations by \$2.00 (\$50.00 Annual Cap per license). The amount for each city CANNOT EXCEED \$50.00.
- DD: TOTAL DUE – Add lines AA + BB + CC.

Please send your payment for this amount. Failure to include your payment with this application will result in a delay in processing your license. Licenses are not issued until all fees have been paid.

Make checks payable to the Arizona Department of Revenue. Be sure to return all pages of the application with your payment. Retain a copy of the application for your records.

- DO NOT SEND CASH
- Include your EIN or SSN on payment

State/County Business Codes					
Codes	Taxable Activities	Codes	Taxable Activities	Codes	Taxable Activities
002	Mining - Nonmetal	014	Personal Property Rental	051	Jet Fuel Use Tax
004	Utilities	015	Contracting - Prime	053/055	Rental Car Surcharge
005	Communications	017	Retail	129	Use Tax Direct Payments
006	Transporting	019	Severance -Metalliferous Mining	153	Rental Car Surcharge - Stadium
007	Private (Rail) Car	023	Recreational Vehicle Surcharge	315	MRRRA Amount
008	Pipeline	025	Transient Lodging	911	911 Telecommunications
009	Publication	029	Use Tax Purchases	912	E911 Prepaid Wireless
010	Job Printing	030	Use Tax from Inventory		
011	Restaurants and Bars	033	Telecommunications Devices		
012	Amusement	041	Municipal Water		
013	Commercial Lease	049	Jet Fuel Tax		

City Business Codes					
Codes	Taxable Activities	Codes	Taxable Activities	Codes	Taxable Activities
004	Utilities	020	Timbering & Other Extraction	116	Feed Wholesale
005	Communications	027	Manufactured Buildings	144	Hotel/Motel (additional tax)
006	Transporting	029	Use Tax	213	Commercial Rental, Licensing for Use
009	Publication	030	Use Tax from Inventory	214	Rental, Leasing and Licensing for Use of Tangible Personal Property
010	Job Printing	037	Contracting - Owner Builder	244	Lodging-Extended Stay
011	Restaurants and Bars	040	Rental Occupancy	313	Commercial Lease (additional tax)
012	Amusement	044	Hotels	315	MRRRA Amount
015	Contracting - Prime	045	Rental Residential		
016	Contracting Spec Builder	049	Jet Fuel Tax		
017	Retail	051	Jet Fuel Use		
018	Advertising	062	Retail Sales Food for Home Consumption		
019	Severance - Metalliferous Mining	111	Additional Restaurants & Bars		