

Business Services
Office location - 7447 E. Indian School Road, #110
Scottsdale, AZ 85251
Telephone - (480) 312-2400
Web - www.ScottsdaleAZ.gov/licenses



City of Scottsdale NEIGHBORHOOD STREET VENDOR LICENSE APPLICATION

Application Fee _____

License Fee _____

Late Fee _____

License Number

NSV Ord. (date & initial)

General Provisions (date & Initial)

Business Name _____

Legal Business Name (if different) _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Business Fax _____

E-mail Address _____

Mailing Address (If different) _____

City _____ State _____ Zip _____

Type of Ownership: Individual _____ Partnership _____ LLC _____ Corporation _____ Trust _____

State of Incorporation _____ Date of Incorporation _____ Corporation/LLC Number _____

Applicant/Owner Information (use additional paper if necessary)

Last Name _____ First Name _____ Middle Name _____

Residential Address _____

City _____ State _____ Zip _____

Phone _____ Title _____ Date of Birth _____

Driver's License # _____ Expiration Date _____

Last Name _____ First Name _____ Middle Name _____

Residential Address _____

City _____ State _____ Zip _____

Phone _____ Title _____ Date of Birth _____

Driver's License # _____ Expiration Date _____

List of Drivers/Employees:

*Last Name _____ First Name _____ Middle Name _____

Residential Address _____

City _____ State _____ Zip _____

Cell Phone _____ Title _____ Date of Birth _____

Driver's License # _____ Expiration Date _____

Maricopa County Food Handler's Permit # _____ Expiration Date _____

*Last Name _____ First Name _____ Middle Name _____

Residential Address _____

City _____ State _____ Zip _____

Cell Phone _____ Title _____ Date of Birth _____

Driver's License # _____ Expiration Date _____

Maricopa County Food Handler's Permit # _____ Expiration Date _____

*Last Name _____ First Name _____ Middle Name _____

Residential Address _____

City _____ State _____ Zip _____

Cell Phone _____ Title _____ Date of Birth _____

Driver's License # _____ Expiration Date _____

Maricopa County Food Handler's Permit # _____ Expiration Date _____

*Last Name _____ First Name _____ Middle Name _____

Residential Address _____

City _____ State _____ Zip _____

Cell Phone _____ Title _____ Date of Birth _____

Driver's License # _____ Expiration Date _____

Maricopa County Food Handler's Permit # _____ Expiration Date _____

List of Vehicles:

*Make _____ Model _____ Year _____

License Plate # _____ Vehicle Identification # _____

Date Inspected by Maricopa County Health Department _____ Permit # _____

Vehicle in compliance with Section 16-636 – Yes ___ No ___ Pictures Provided _____

Vehicle Insurance Yes ___ No ___

*Make _____ Model _____ Year _____

License Plate # _____ Vehicle Identification # _____

Date Inspected by Maricopa County Health Department _____ Permit # _____

Vehicle in compliance with Section 16-636 – Yes ___ No ___ Pictures Provided _____

Vehicle Insurance Yes ___ No ___

*Make _____ Model _____ Year _____

License Plate # _____ Vehicle Identification # _____

Date Inspected by Maricopa County Health Department _____ Permit # _____

Vehicle in compliance with Section 16-636 – Yes ___ No ___ Pictures Provided _____

Vehicle Insurance Yes ___ No ___

*Make _____ Model _____ Year _____

License Plate # _____ Vehicle Identification # _____

Date Inspected by Maricopa County Health Department _____ Permit # _____

Vehicle in compliance with Section 16-636 – Yes ___ No ___ Pictures Provided _____

Vehicle Insurance Yes ___ No ___

*** Each Vehicle listed must have proof of insurance**

Additional Items required to be submitted with the application:

_____ Commercial General Liability Insurance

_____ Business Automobile Liability Insurance

_____ Residential Vendor Routes (by Day)

Please note the following fees:

Initial Business Application \$250.00

Per Applicant Fee:

DPS Fingerprint Fee \$22.00

COS Fingerprint Processing \$10.00

ID Badge Fee \$10.00



**ACKNOWLEDGMENT of UNDERSTANDING
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # _____

DATE: _____

Business Name _____

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.

Representative / Applicant Name: _____

Representative / Applicant Title: _____

Signature: _____

CSR Initials _____