



ARIZONA MEDICAL, ADULT USE OR DUAL LICENSE TRANSACTION PRIVILEGE/USE/EXCISE TAX APPLICATION (JTM-1)

IMPORTANT! Incomplete applications WILL NOT BE PROCESSED.

- The Medical, Adult Use or Dual License Transaction Privilege Use/Excise Tax Application is used to apply for a license to report transaction privilege (TPT), excise and withholding tax for businesses licensed with the Arizona Department of Health Services (ADHS).
- Additional information and forms available at www.azdor.gov
- Required information is designated with an asterisk (*).
- If applicable, you will be charged a license fee for your transaction privilege tax license.
- For licensing questions regarding transaction privilege tax, call Customer Care and Outreach: (602) 255-3381

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

**Register on www.AZTaxes.gov
to file and pay online.**

1* Employer Identification Number (EIN)	2* Legal Business Name
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PART 1: Qualification for a License	
3* Are you engaged in retail/wholesale sales of marijuana products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If "Yes" continue to line 2. b If "No", please complete a Joint Tax Application or a Business Account Update.	
4* Do you have a license with ADHS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If yes, enter your ADHS license number here _____ and attach a copy of your ADHS License. Continue to Part 2. b If no, please visit ADHS at website or physical location. An ADHS license is required.	

PART 2: License Type	
5* Are you licensed with ADHS as	<input type="checkbox"/> Medical <input type="checkbox"/> Adult Use <input type="checkbox"/> Dual
Note: If you selected Adult Use or Dual, you will also be registered for Excise Tax. There is no fee for Excise Tax Registration.	

PART 3: ADOR License Information	
6* Do you have an existing ADOR Transaction Privilege tax license number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If yes, enter your ADOR license number here and continue to line 7. _____ b If no, continue to Part 4.	
7* Have you changed any of the following information? <i>Choose all that apply.</i>	
<input type="checkbox"/> Mailing Address (if checked, complete Part 5)	<input type="checkbox"/> Owner/Office Information (if checked, complete Part 7)
<input type="checkbox"/> Location Address (if checked, complete Part 10)	
Note: If any box is checked, you must sign this form in Part 15.	

PART 4: Employee Information	
8* Do you have employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a If yes, continue to line 9. b If no, continue to Part 5.	
9* Are you registered with ADOR for withholding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If no, continue to Part 5. You must also complete Part 11.	

PART 5: Mailing Address			
10* Mailing Address – number and street	City	State	ZIP Code
County/Region	Country		
Business Phone No. (with area code)	Email Address	Fax Number (with area code)	

PART 6: Business Information	
11* Description of Business (describe merchandise sold or taxable activity)	
12* NAICS codes (North American Industries Classification System. Available at www.azdor.gov)	
13* Did you acquire or change the legal form of an existing business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If yes, you must also complete Part 12.	

EIN (as shown on page 1)	Legal Business Name (as shown on page 1)
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PART 7: Identification of Owners/Partners, Corporate Officers, Members/Managing Members or Officials

14* Enter Owner/Officer Information

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	

PART 8: Transaction Privilege Tax (TPT) Information

15* What is the date that your business started in Arizona? M / M / D / D / Y / Y / Y / Y

16* What is the date that you anticipate engaging in a taxable activity (ex. Retail or any other type of activity)? M / M / D / D / Y / Y / Y / Y

17* Filing Frequency Monthly

PART 9: Location of Tax Records

18* Tax Records Physical Location – number and street
(Do not use PO Box, PMB or route numbers)

	City	State	ZIP Code
County	Country		
Name of Contact	Contact Phone Number (with area code)		

PART 10: Physical Location of Business

19* Business Name, "Doing Business As" or Trade Name at this Physical Location

	Phone Number (with area code)		
20* Physical Location of Business Number and street <i>(Do not use PO Box, PMB or route numbers)</i>	City	State	ZIP Code
County	Country		

21* Business Codes: (Include all codes that apply) See instructions. Complete list available at azdor.gov.
 420 Recreational 203 Medical 029 Use Tax Purchases 030 Use Tax From Inventory _____

22* Do you have more than one location? Yes No
 If you have more than 1 location also complete Part 13.
Note: License fees are calculated in Part 16.

PART 11: Withholding and Unemployment Information

23* Regarding this application, date employees first hired in Arizona? M / M / D / D / Y / Y / Y / Y

24* Are you liable for Federal Unemployment Tax? If yes, what is the first year of liability? Yes → First year of liability: Y / Y / Y / Y

25* Are individuals performing services that are excluded from withholding or unemployment tax? Yes No
 If yes, describe services.

26* Do you have an IRS ruling that grants an exclusion from Federal Unemployment Tax? Yes No
 If yes, attach a copy of the ruling letter.

EIN (as shown on page 1)		Legal Business Name (as shown on page 1)		
27* First calendar quarter Arizona employees were/will be hired and paid (indicate quarter as 1, 2, 3, 4):	Hired Year	Hired Quarter	Paid Year	Paid Quarter
	Y, Y, Y, Y	Q	Y, Y, Y, Y	Q
28* 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) Exceptions: \$20,000 gross cash wages Agricultural; \$1,000 gross cash wages Domestic/Household; not applicable to 501(c)(3) Non-Profit.	Year		Quarter	
	Y, Y, Y, Y		Q	
29* 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) Exceptions: 10 or more individuals Agricultural; 4 or more individuals 501(c)(3) Non-Profit; not applicable to Domestic/Household.	Year		Quarter	
	Y, Y, Y, Y		Q	

PART 12: Acquired Business Information

30* Enter applicable information.

Did you acquire or change all or part of an existing business? <input type="checkbox"/> All <input type="checkbox"/> Part	Date of Acquisition M, M, D, D Y, Y, Y, Y	EIN of Business Under Previous Owner
Previous Owner's Telephone Number	Name of Business Under Previous Owner	Name of Previous Owner
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	Date of Change M, M, D, D Y, Y, Y, Y	EIN of Previous Legal Form

PART 13: Additional Physical Locations

31* Business Name, "Doing Business As" or Trade Name at this Physical Location

Phone Number (with area code)

32* Physical Location of Business
Number and street (Do not use PO Box, PMB or route numbers)

City State ZIP Code

County Country

33* Business Codes: (Include all codes that apply) See instructions. Complete list available at azdor.gov.
 420 Recreational 203 Medical 029 Use Tax Purchases 030 Use Tax From Inventory

34* Business Name, "Doing Business As" or Trade Name at this Physical Location

Phone Number (with area code)

35* Physical Location of Business
Number and street (Do not use PO Box, PMB or route numbers)

City State ZIP Code

County Country

36* Business Codes: (Include all codes that apply) See instructions. Complete list available at azdor.gov.
 420 Recreational 203 Medical 029 Use Tax Purchases 030 Use Tax From Inventory

37* Business Name, "Doing Business As" or Trade Name at this Physical Location

Phone Number (with area code)

38* Physical Location of Business
Number and street (Do not use PO Box, PMB or route numbers)

City State ZIP Code

County Country

39* Business Codes: (Include all codes that apply) See instructions. Complete list available at azdor.gov.
 420 Recreational 203 Medical 029 Use Tax Purchases 030 Use Tax From Inventory

PART 14: AZTaxes Authorized User

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.

EIN (as shown on page 1)	Legal Business Name (as shown on page 1)
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PART 15: 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 Part 7.

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 PART 16: STATE/COUNTY & CITY LICENSE FEE WORKSHEET TO CALCULATE AND REMIT TOTAL AMOUNT DUE WITH THIS APPLICATION.

PART 16: 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		Kearny	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)..... \$

BB TOTAL State License Fee(s): Calculate by multiplying number of business locations by \$12.00	No. of Loc's	Fee per Location	TOTAL
		\$12.00	\$

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

- 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).