



Promoter Questionnaire

The Promoter Questionnaire Form may be used for promoters at special events that need assistance in determining if their business activities are subject to transaction privilege tax or withholding. Promoters may use the form to submit a list of vendors for their event. If there will be additional vendors participating in your event, please complete the Addendum for additional vendors on page 2 of this form.

If you have any questions or need help completing the Promoter Questionnaire, please contact ADOR License and Compliance at (602) 716-6181.

Part 1 Promoter Information

Name of Event		Date of Event	
Federal Employer Identification Number		Transaction Privilege Tax Number	
Promoter Name			
Promoter Phone Number		Promoter Email Address	
City in which event is being held:		Is show being held in the city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
County in which event is being held:		What type of show is it?	
Where is the show? (Street address and driving directions)			

Part 2 Event Information

Approximately how many vendors are expected?	
What time is show open to the public?	
What is set up date and time for the vendors?	
Are there food booths? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is an additional list needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a carnival? (Rides, games or food) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is the promoter? (attach additional check list) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you rent spaces, tables, tents, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an admission fee to get into the event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a parking fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is collecting the fee? Amount? (attach additional check list) <input type="checkbox"/> Yes <input type="checkbox"/> No

You may send the completed form electronically by clicking "Submit" below or emailing the completed form to licensecompliance@azdor.gov.

Addendum for Additional Vendors

Event Name / Area Demographics:
Compliance Auditor / Inspector:

Name	Transaction Privilege Tax Number		
DBA	Phone Number		
Physical Address	Comments:		
Mailing Address			
City		State	ZIP Code
Email Address			

Name	Transaction Privilege Tax Number		
DBA	Phone Number		
Physical Address	Comments:		
Mailing Address			
City		State	ZIP Code
Email Address			

Name	Transaction Privilege Tax Number		
DBA	Phone Number		
Physical Address	Comments:		
Mailing Address			
City		State	ZIP Code
Email Address			

Name	Transaction Privilege Tax Number		
DBA	Phone Number		
Physical Address	Comments:		
Mailing Address			
City		State	ZIP Code
Email Address			