City of Glendale
5850 West Glendale Avenue
Glendale, Arizona 85301-2599
623-930-3190
Email: taxlic@glendaleaz.com

REQUEST FOR CERTIFICATE OF COMPLIANCE

License Number: _____

Business Name: _____

Business EIN/SSN: _____

Business Location Address: _____

_____

_____

This form is to be used to request a Certificate of Compliance (Letter of Good Standing) on the above listed account and can only be requested by an owner, officer, partner, or statutory agent of the business. Please select the method of delivery below:

- ☐ Pick Up
- ☐ Mail (will be mailed to current mailing address on file)
- ☐ Fax # _____

I understand my account will be reviewed for deinquencies which could result in a denial. I will be notified of approval or denial via the delivery method I selected above.

_____ _____
Officer, Owner, Partner or Statutory Agent Signature Date

_____ _____
Printed Name of Officer, Owner, Partner or Statutory Agent Phone Number & e-mail address

Failure to complete this form may result in a denial of your request. If you have questions about your request or for more information go to: www.glendaleaz.com/taxandlicense