

**BUSINESS LICENSE APPLICATION****CITY OF DOUGLAS**

Location: 425 E. 10th Street

Mail to: 425 E. 10th Street

Douglas, AZ 85607

(520) 417-7333

Melissa.Grijalva@douglasaz.gov

LICENSE NO. _____

EACH SECTION OF THIS APPLICATION MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED.

| | | | | | | | | |
|---|--|---|--------------------------------------|--|-----------------------------|---|--------------------------------------|--|
| Check One: <input type="checkbox"/> New Business | | | Former Owner (If Applicable): | | Application Date: | | License Type: | |
| <input type="checkbox"/> New Owner of Existing Business | | | | | Start Date: | | OBL | |
| For Changes To Existing Licenses: <input type="checkbox"/> Name Change Only | | | Current City License#: | | Date of Change: | | Application & License Fee | |
| <input type="checkbox"/> Location Change | | | | | | | License # | |
| <input type="checkbox"/> Change Corporate Officers | | | | | | | | |
| SECTION I. BUSINESS LOCATION INFORMATION | | | | | | | | |
| Business Name: | | | | | | Approvals | | |
| Street Address: | | | | | | Finance Department | | |
| Suite or Apt. # | | | | | | A D | | |
| City: | | State: | | Zip | Business Telephone#: | | Planning/Zoning Department | |
| | | | | | | | A D | |
| E-Mail Address: | | | | Business Fax # | | Fire Department | | |
| | | | | | | A D | | |
| SECTION II MAILING ADDRESS | | | | | | | | |
| Enter name if Different From Section I (above) or Enter "In-Care-of" Name: | | | | | | Backflow/Grease/Sand | | |
| | | | | | | A D | | |
| Address | | | | | | | | |
| | | | | | | | | |
| City | | State | | Zip | | | | |
| | | | | | | | | |
| SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION | | | | | | | | |
| Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. <input type="checkbox"/> Gen Partnership <input type="checkbox"/> S Corp. <input type="checkbox"/> Other/Non-Profit | | | | | | | | |
| If LLC do you file with IRS as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation | | | | | | | | |
| If Corporation or LLC, it must be registered with the Arizona Corporation Commission. | | | | | | | | |
| Contact person or owner | | Name: | | | Day Time Phone #: | | Night Phone #: | |
| | | | | | | | | |
| Corporation or LLC if different than DBA | | | | | | | | |
| Corporate or LLC Statutory Agent | | Name and Address: | | | | Phone #: | | |
| | | | | | | | | |
| SECTION IV. BUSINESS TYPE | | | | | | | | |
| Business Type | | <input type="checkbox"/> Retail <input type="checkbox"/> Restaurants/Bars <input type="checkbox"/> Rental of Tangible Personal Property | | <input type="checkbox"/> Amusements <input type="checkbox"/> Taxi/Shuttle <input type="checkbox"/> Hotel/Motel | | <input type="checkbox"/> Other/Services <input type="checkbox"/> Wholesaler <input type="checkbox"/> Home Occupation <input type="checkbox"/> Rental of Real Property <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Roc# | | |
| Describe in detail business activity: | | | | | | NAICS Code: | | |
| | | | | | | | | |
| SECTION V. BUSINESS PREMISES STATUS | | | | | | | | |
| CHECK ONE: | | Is your business location your residence? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> In City | | Do you rent/lease commercial property from another? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Out of City | | If yes to either of these, please complete the Landlord/Property Information. | | | | | | |
| | | Landlord/Property Manager Name: | | | Address: | Phone #: | | |
| | | | | | | | | |
| | | Do you rent a portion of the business premises to another entity? | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | If YES, please list the name and telephone of the other entity: | | | | | | |

Check method you will use in submitting reports:

Cash Receipts ☐Accrual ☐

PLEASE LIST ALL VEHICLES TO BE USED BY YOUR BUSINESS (MOBILE VENDORS ONLY):

| LIC PLATE NO. | MAKE | MODEL | YEAR |
|---------------|------|-------|------|
| | | | |
| | | | |
| | | | |

Number of employees: *****For a Listing of NAICS Codes visit www.aztaxes.gov and click on "Business Tax Description Codes"

The following information is confidential:

| | | |
|--|--------------------|-----------------|
| Az State Transaction Privilege Tax License # | Federal ID# or SS# | Health Permit # |
|--|--------------------|-----------------|

*******(COPY OF STATE LICENSE REQUIRED)*******

| | | | | |
|--|---------------|--------|-----------|-------------------|
| Owners, Partners, LLC Members, or Officers (For Additional Names Please Attach List) | Name: | | Title | Date of Birth: |
| | Home Address: | | | Drivers License#: |
| | City: | State: | Zip Code: | Phone #: |
| | Name: | | Title | Date of Birth: |
| | Home Address: | | | Drivers License#: |
| | City: | State: | Zip Code: | Phone #: |

IMPORTANT NOTICE:

COMPLETION OF THIS FORM DOES NOT CONSTITUTE APPROVAL OF LICENSE. BUSINESS CANNOT START UNTIL BUSINESS LICENSE IS ISSUED
ISSUANCE OF A CITY BUSINESS LICENSE DOES NOT RELIEVE THE APPLICANT OF THE RESPONSIBILITY OF COMPLYING WITH THE VARIOUS
CITY CODES. IF YOU ARE UNSURE OF SPECIFIC CODE REQUIREMENTS, PLEASE CONTACT PLANNING & ZONING AND FIRE DEPARTMENTS.
ALSO BE SURE THAT ALL CITY TRANSACTION PRIVILEGE (SALES) TAX AND TRANSIENT OCCUPANCY TAX HAS BEEN PAID BY THE FORMER
BUSINESS OWNERS. UNDER THE CITY CODE YOU ARE LIABLE FOR ANY UNPAID TAXES.

| | | |
|-----------------------|-------|------|
| Applicant's Signature | Title | Date |
|-----------------------|-------|------|

| | | |
|-----------------------|-------|------|
| Applicant's Signature | Title | Date |
|-----------------------|-------|------|

PLEASE NOTE: Additional Information Required.

| <u>New Business</u> | Type of Ownership | <u>Additional Requirements</u> |
|---------------------------------------|-------------------|---|
| | Individual | Copy of owners U.S. issued picture identification. |
| | Partnership | Partnership Agreement & copy of partners picture I.D.(US issued) |
| | LLC | Copy of Arizona Articles of Organization. (Foreign LLC must be registered with the ACC) |
| | Corporation | Copy of Arizona Articles of Incorporation. (Foreign Corporations must be registered with the Arizona Corporation Commission) |
| <u>New Owner of Existing Business</u> | | |
| | Individual | Letter or Bill of Sale from prior owner and copy of new owners US issued picture ID. |
| | Partnership | Letter or Bill of Sale from prior owner, partnership agreement and copy of new owners' picture ID. |
| | LLC | Letter or Bill of Sale from prior owner and copy of the Articles of Organization. |
| | Corporation | Letter or Bill of Sale from prior owner and copy of the Articles of Incorporation. |

Fees

A **\$20.00** (non-refundable) initial application fee for all general businesses **plus** applicable license fees based on the number of employees working inside the city limits as listed below.

| Fee Type | Amount |
|---|----------------------------------|
| Application Fee | \$20.00 |
| Business License | \$75.00/ year, up to 3 Employees |
| Additional Full Time Equivalent (FTE) Employees | \$20.00 |
| Change of Business Name | \$10.00 |
| Change of Location | \$25.00 |