



BUSINESS LICENSE APPLICATION

LICENSE NO. _____

CITY OF DOUGLAS

Location: 425 E. 10th Street

Mail to: 425 E. 10th Street

Douglas, AZ 85607

(520) 417-7333

Melissa.Grijalva@douglasaz.gov

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:	For Office Use Only	
<input type="checkbox"/> New Owner of Existing Business				Start Date:	License Type: OBL Application & License Fee	
For Changes To Existing Licenses:	<input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change <input type="checkbox"/> Change Corporate Officers	Current City License#:	Date of Change:	License #		
SECTION I. BUSINESS LOCATION INFORMATION						
Business Name:			Approvals			
Street Address:			Suite or Apt. #			
City:		State:	Zip	Business Telephone#:	Finance Department A D	
E-Mail Address:			Business Fax #			
SECTION II. MAILING ADDRESS						
Enter name if Different From Section I (above) or Enter "In-Care-of" Name:						
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? If YES, please list the name and telephone of the other entity:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 #
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*******(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.

	Type of Ownership	<u>Additional Requirements</u>
<u>New Business</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