



BUSINESS LICENSE APPLICATION
CITY OF DOUGLAS
 Location: 425 10TH STREET
 Mail to: 425 10TH STREET
 Douglas, AZ 85607
 (520) 417-7333 - Fax (520) 417-7162

LICENSE NO. _____

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

Check One: <input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business				Former Owner (If Applicable):	Application Date:	For Office Use Only	
					Start Date:	License Type:	OBL
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:	Application & License Fee	
						License #	
SECTION I. BUSINESS LOCATION INFORMATION							Approvals
Business Name:						Finance Department	
Street Address: 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							Backflow
Enter name if Different From Section I (above) or Enter "In-Care-of" Name:						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"/> Amusements		<input type="checkbox"/> Other/Services		<input type="checkbox"/> Rental of Real Property
	<input type="checkbox"/> Restaurants/Bars		<input type="checkbox"/> Taxi/Shuttle		<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Construction Contracting
	<input type="checkbox"/> Rental of Tangible Personal Property		<input type="checkbox"/> Hotel/Motel		<input type="checkbox"/> Home Occupation		<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 <input type="checkbox"/>		Accrual <input type="checkbox"/>					
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>	<u>Type of Ownership</u>	<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