



DEVELOPMENT SERVICES DEPARTMENT

1982 Voss Drive
Chino Valley, AZ 86323
Phone (928) 636-4427
Fax (928) 636-6937
www.chinoaz.net

BUSINESS LICENSE APPLICATION – NEW / UPDATE / CHANGE FORM

For Official Use Only

ANNUAL FEE _____
PROCESSING FEE _____

ISSUE DATE _____
LICENSE # _____

The information you provide to the Town of Chino Valley by completing the Business License Application Package enables the Town to issue a Business License; assists the Police and Fire Departments in case of emergencies; ensures compliance with Town codes; and assists with economic development information.

Section 1. Business Information

- New Application Update/change (of location, ownership, business name)

Business Name/DBA _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Business phone () _____ Business fax () _____

Mailing Address for Renewal Notices (if different) _____

City _____ State _____ Zip _____

Web site address _____

Contact name _____

Contact e-mail _____ Contact cell phone () _____

Month/Year business established OR date of acquisition of business _____

Number of employees (full time, part time, and contract/independent contract): Family (incl. self) _____ Non-family _____

Parent company/corporation name _____

Parent company address _____

City _____ State _____ Zip _____

Parent company phone () _____ Parent company fax () _____

Emergency contact in event of fire, theft, etc. Name _____ Phone () _____

Section 2. Business Ownership

NOTE: Information in Section 2 is for Town of Chino Valley internal use only. It is not available for public disclosure nor will there be any public use of this information.

Type of ownership:

- Individual/Sole Proprietorship Partnership Limited Liability Company (LLC) Limited Liability Partnership (LLP) Corporation Sub-Chapter S Corporation Association Not-for-Profit Trust
 Joint Venture Other _____

State in which incorporated _____ State IDN (if applicable) _____

Federal Employer Identification number (EIN), or SSN (*optional*) if Sole Proprietorship _____

List owner(s), partners, corporate officers, statutory agent, etc., with the following information on each:

Name (First, MI, Last); Title; complete residence address; phone; SSN (*optional*) or driver's license number (*required*), including state in which issued and expiration date. Please attach an additional sheet if necessary.

Enter certificate/license numbers and **provide copies** of following items applicable to business type:

AZ Transaction Privilege Tax License _____ AZ Business Classification Code _____

Name of Business Under Which You Report _____

AZ Registrar of Contractors License(s) (all types issued to business and/or individual) _____

County Health Certificate _____

Any applicable State-issued professional license(s) _____

Also **provide a copy** of the following, if applicable to your business:

- Certification Page of Articles of Incorporation, or LLC, or LLP from issuing state entity
- 501(c)3, 4 or 6 Letter of Determination issued by IRS
- List of rental properties within Town of Chino Valley town limits, by address (attach sheet)

Section 3. Business Description

Complete description of business and services provided _____

Business type (check all that apply):

- Agriculture Artistry Assisted living facility Commercial rental Communications Construction
- General contractor Sub-Contractor Day Care Home-based occupation Liquor/bar Lodging
- Manufacturing Mobile merchant Non-profit Professional Real estate Resale
- Residential rental (# of units _____) Restaurant Retail Service Special event vendor
- Transient merchant Transportation Utility Wholesale

Open to the public: Yes No

Days and Hours of Operation _____

Section 4. Business Premises – Complete ONLY if business is located within Chino Valley Town limits

Location tenancy: Own Lease/rent Sublease

Is this your residence: Yes No

Property Tax/Assessor Parcel ID # _____

Landlord/property management name _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-mail _____

Contact _____

If rent/lease, how long at current location _____

Do you rent, lease or sublease to another party: Yes No

If **Yes**, list name(s) and business descriptions of renter, lessee, or sub lessee. Attach additional sheet if necessary.

Any change in building use: Yes (describe): _____ No

Tenant Improvements: Yes (describe): _____ No

Will you be erecting or changing a sign: Yes No If yes, you must obtain a sign permit from the Town of Chino Valley Development Services Department.

Section 5. Certification

Applicant Information:

Full name _____

Relationship to business _____

Home address _____

City _____ State _____ Zip _____

Home phone () _____ Work phone () _____ Cell phone () _____

SSN (*optional*) _____ DLN with state and expiration (*required*) _____

I understand that issuance of a business license shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject. I certify that the information provided to the Town of Chino Valley in order to obtain a valid business license is accurate and complete to the best of my knowledge.

Applicant name (printed) _____ Date _____

Applicant signature _____ Title _____

For Official Use Only

**APPROVED
DATE**

DEPARTMENT SIGNATURE

COMMENTS

_____ Zoning _____

Zoning District _____ Change of Use Yes No

_____ Building _____

_____ GIS _____

_____ Fire District _____

_____ Town Clerk _____