



BUSINESS LICENSE APPLICATION

Development Services Department

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

Bus. Lic. Fee: _____

Processing Fee: _____

Business License #: _____

- | | |
|---|---|
| <input type="checkbox"/> In the Town Limits of CV | <input type="checkbox"/> Ownership or Name Change |
| <input type="checkbox"/> Outside CV Town Limits | <input type="checkbox"/> Location Change |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Date of Change |
| <input type="checkbox"/> Home Occupation | |

Section 1. Business Name and Location Information

Business Name:	Contact Name:
DBA:	Contact Phone #:
Business Email:	Contact Email:
Business Street Address: (cannot be a P O Box)	Business Phone Number:
City: State: Zip Code:	Cell Phone Number:
Changes in building use: <input type="checkbox"/> Yes <input type="checkbox"/> No Tenant Improvements required? <input type="checkbox"/> Yes <input type="checkbox"/> No Changing or erecting business signage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must obtain a sign permit from the Town of CV	Business Email: Emergency Contact:

MAILING ADDRESS – (IF DIFFERENT FROM THE PHYSICAL BUSINESS LOCATION)

Street address or P O Box City State Zip Code

Section 2. Business Information and Ownership

Number of employees:	Start date of business in Chino Valley:	AZ TPT sales tax number:	Federal ID# if Sole Proprietorship:
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp., State Incorporated in: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
If Individual an Eligibility form is required to be completed			
Owner, Officer, Member / Partner Information <i>For additional names please attach a list</i>	Name: (First & Last)		Title:
	Home address:		Driver's License Number:
	City	State Zip	Phone Number:
	Name: (First & Last)		Title:
	Home address:		Driver's License Number:
	City	State Zip	Phone Number:

Section 2. (Continued) Business Information and Ownership

Corporation or LLC Statutory Agent	Name: (First & Last)	Title:
	Home address:	Driver's License Number:
	City State Zip	Phone Number:

Is this new business location: Owned Leased/Rented Sub Leased
If not owned, please complete Landlords information (REQUIRED)

Landlord's Name:	Landlord's Address: (Street, City, State, Zip Code)
Landlord's Phone Number:	

Section 3. Business Description

Complete description of business:

Retail Sales
 Manufacturing
 Wholesale
 Service
 Hotel/Motel
 Liquor
 Non-profit
 Contractor
 Mobile Merchant
 Solicitor
 Exempt (501c 3, 4, or 6 letter of determination issued by the IRS is required)

AZ ROC License Number(s) required for <u>contractors</u>	Other professional license or permit numbers
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Section 4. Real Property Rental Business – A person who has more than 2 apartment units, houses, trailer spaces or other residential or lodging spaces available for rent or a person who has 1 or more units of commercial rental property or 1 or more units of commercial rentals property plus 1 or more residential or lodging spaces for rent or lease.

Commercial Residential Total Number of Rentals _____

Address location #1:	Address location #3:
Address location #2:	Address location #4:

******* If there are additional rental locations, please attach a list *******

Section 5. Applicant Information

Name: (First & Last)	Driver's License #	State	Expiration Date
Business Address:	Work Phone:	Cell Phone:	
City	State	Zip	

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 his/her knowledge.

Applicant Name: (printed)	Date:
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Applicant Signature: _____

Application Received By: _____ Date Received: _____