



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: | Fed. ID# or SSN or EIN: |
| 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 |
|--|--|

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: |
|---------------------------|-------|

Applicant Signature: _____

Application Received By: _____ Date Received: _____