

INSTRUCTIONS FOR COMPLETING BUSINESS LICENSE APPLICATION

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OWNER NAME: Enter the owner name and the legal name of the business.

BUSINESS ADDRESS: Enter the physical address for this business including the zip code.

MAILING ADDRESS: Enter the mailing address for this business even if it the same as the physical.

BUILDING OWNER: If you are renting a property for your business, enter the building's owner information.

TYPE OF BUSINESS: Select one of the categories listed.

TYPE OF OWNERSHIP: Select one of the categories.

THE NATURE OF MY BUSINESS IS: Select one of the categories. You are required to describe the business in detail.

TAX EXEMPT 501(C)(3) ORGANIZATIONS MUST ATTACH A LETTER OF DETERMINATION.

TAXABLE ACTIVITY: Select one of the categories.

- If your business does not fit one of the taxable activity categories listed, describe the activity that is considered taxable in detail. If you need more space, please attach a separate sheet.
- You must answer whether your business will sell food and/or alcohol.
- You must answer whether your business rents lodging.
- List your Arizona Resale TPT ID#, Contractor's license ROC#, your class, the expiration date of the license and your Mohave County Health Number # if applicable.

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MACHINERY/EQUIPMENT USED/STORED ON SITE: You must list in detail any machinery and/or equipment you will use or store at the business address listed above.

MATERIALS/CHEMICALS USED/STORED ON SITE: Describe in detail.

DESCRIBE WASTE PRODUCTS/LEFTOVER MATERIALS: Describe in detail.

METHOD OF DISPOSAL: Describe how you plan on disposing of any waste products or leftover materials you will have.

BUSINESS OWNER INFORMATION: List all business principal or owners' names with their title, date of birth, a phone number, home address, driver's license number and the state of that license. If you need more space, please attach a separate sheet.

EMERGENCY CONTACT/LOCAL MANAGER: You must list at least one emergency contact or local manager if all business owners reside outside of Lake Havasu.

An authorized agent must sign and date the application.

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LICENSING ELIGIBILITY REQUIREMENTS (ARS §41-1080): Any individual applying for a business license must also provide proof of eligibility by completing this form. It must also be signed and dated.

Once you have answered all questions on the three-page application, please bring it to the Business License or Customer Service Counter at Lake Havasu City's City Hall (2330 McCulloch Boulevard N.). A \$100.00 fee will be collected at the time you submit your application.

You will be advised in writing of your license status within 20 calendar days from the date of submittal. You will be contacted if there are any questions.



LAKE HAVASU CITY APPLICATION FOR BUSINESS LICENSE

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403
Phone (928) 453-4153 Fax (928) 855-0551

Application is invalid unless all questions are answered. Return all original pages to Business License / Customer Service. A \$100.00 fee is collected at time application is submitted. You will be advised in writing of your license status within 20 calendar days from the date of submittal. You will be contacted if there are any questions.

OWNER NAME	BUSINESS NAME/DBA		
LAST	FIRST	MIDDLE	_____
BUSINESS ADDRESS	_____		
MAILING ADDRESS	STREET #	STREET NAME	STE.# CITY/STATE ZIP
BUSINESS TELEPHONE	STREET #	STREET NAME	STE.# CITY/STATE ZIP
_____		EMAIL ADDRESS _____	

NOTE: BUSINESS OWNER(S) INFORMATION MUST BE COMPLETED ON PAGE 2 OF THIS APPLICATION.

BUILDING OWNER	NAME	PHONE	HOME ADDRESS	CITY/STATE	ZIP
_____	_____	_____	_____	_____	_____

TYPE OF BUSINESS: Commercial Home Based Mobile Swap Meet Event

TYPE OF OWNERSHIP (CHECK ONE):

Association Government Individual/Sole Proprietorship Limited Liability Company Limited Liability Partnership Non-Profit Partnership

Professional/ Limited Liability Corporation:

_____	NAME OF CORPORATION	STATE OF INCORPORATION	DATE OF INCORPORATION
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THE NATURE OF MY BUSINESS IS (CHECK ONE):

Business Office Contractor Day Care Entertainment Government Group Home Handyman

Manufacturer Medical-Doctor/Dentist Restaurant/Bar Retail School Service Wholesale

Storage Storage Rental Location: _____

DESCRIBE BUSINESS IN DETAIL:

NOTE: TAX EXEMPT 501(C)(3) ORGANIZATIONS MUST ATTACH COPY OF THE INTERNAL REVENUE SERVICE LETTER OF DETERMINATION.

TAXABLE ACTIVITY (CHECK ONE):

Amusement Construction/Contracting Hotel/Motel Manufacturer/Retail Non-Profit Rental - Commercial Rental - Residential

Retail Sales Restaurant/Bar Use Tax Other - Describe: _____

I DO NOT FIT IN THE ABOVE CATEGORIES OR I HAVE BEEN ADVISED I NEED A SPECIAL LICENSE (CHECK ONE):

Misc. Licenses Special Event Permit Describe: _____

DOES YOUR BUSINESS SELL FOOD AND/OR ALCOHOL? Yes No

DOES YOUR BUSINESS RENT LODGING? Yes No

_____	_____	_____	_____	_____
AZ RESALE TPT ID #	CONTRACTOR'S LICENSE ROC #	CLASS	EXPIRATION	MOHAVE COUNTY HEALTH #

**LAKE HAVASU CITY
APPLICATION FOR BUSINESS LICENSE**

MACHINERY/EQUIPMENT USED/STORED ON SITE:

MATERIALS/CHEMICALS USED/STORED ON SITE:

DESCRIBE WASTE PRODUCTS/LEFTOVER MATERIALS:

METHOD OF DISPOSAL:

BUSINESS OWNER(S) INFORMATION (IF MORE SPACE NEEDED, ATTACH ADDITIONAL PAGES):

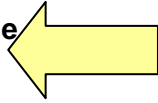
<hr/> PRINCIPAL/OWNER NAME (1)	<hr/> TITLE	<hr/> PHONE	<hr/> DATE OF BIRTH
<hr/> HOME ADDRESS	<hr/> CITY/STATE ZIP	<hr/> DRIVER'S LICENSE #	<hr/> STATE
<hr/> PRINCIPAL/OWNER NAME (2)	<hr/> TITLE	<hr/> PHONE	<hr/> DATE OF BIRTH
<hr/> HOME ADDRESS	<hr/> CITY/STATE ZIP	<hr/> DRIVER'S LICENSE #	<hr/> STATE
<hr/> PRINCIPAL/OWNER NAME (3)	<hr/> TITLE	<hr/> PHONE	<hr/> DATE OF BIRTH
<hr/> HOME ADDRESS	<hr/> CITY/STATE ZIP	<hr/> DRIVER'S LICENSE #	<hr/> STATE
<hr/> STATUTORY AGENT	<hr/> TITLE	<hr/> PHONE	<hr/> DATE OF BIRTH
<hr/> HOME ADDRESS	<hr/> CITY/STATE ZIP	<hr/> DRIVER'S LICENSE #	<hr/> STATE
<hr/> EMERGENCY CONTACT/LOCAL MANAGER	<hr/> TITLE	<hr/> PHONE	<hr/> DATE OF BIRTH
<hr/> HOME ADDRESS	<hr/> CITY/STATE ZIP	<hr/> DRIVER'S LICENSE #	<hr/> STATE

APPLICANT'S SIGNATURE

DATE



Lake Havasu City
Admin. Svcs. Dept., Business License
2330 McCulloch Blvd N
Lake Havasu City, AZ 86403
Ph: (928) 453-4153 Fax: (928) 855-0551



RETURN THE **ORIGINAL** OF THIS FORM
 WITH A **COPY** OF YOUR
 IDENTIFICATION
 TO THIS ADDRESS.

LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)

Full Name: _____

Last	Middle	First
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Business Address (as shown on business license or application): _____

City, State, and Zip Code: _____

On May 1, 2008, Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a "licensing eligibility" section (Arizona Revised Statutes § 41-1080) preventing any licensing agency in the state of Arizona from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law. View additional information about this requirement on the PRODUCERS page of the Department of Insurance Web Site (www.id.state.az.us).

To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top). Only provide **one** of the following forms of identification (mark an "X" next to the one you are submitting):

- 1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- 2. A driver license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NM, TX, UT, and WA are not acceptable.)
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport.
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian Affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

_____ Full Signature of Licensee

_____ Date