



LAKE HAVASU CITY APPLICATION FOR BUSINESS LICENSE

www.lhcaz.gov

NOTE: BUILDING OWNER(S) INFORMATION IS REQUIRED.

**BUILDING
OWNER**

NAME PHONE HOME ADDRESS CITY/STATE ZIP

**TYPE OF
BUSINESS:**

Commercial Home Based Mobile Swap Meet Event

THE NATURE OF MY BUSINESS IS (CHECK ONE):

Business Office Contractor Day Care Food Government Group Home Handyman
 Manufacturer Medical-Doctor/
Dentist Restaurant/Bar Retail School Service Wholesale
 Storage Other Description: _____

CONTRACTOR'S LICENSE ROC #

CLASS

MOHAVE COUNTY HEALTH #

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: _____

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

MACHINERY/EQUIPMENT USED/STORED ON SITE:

MATERIALS/CHEMICALS USED/STORED ON SITE:

DESCRIBE WASTE PRODUCTS/LEFTOVER MATERIALS:

METHOD OF DISPOSAL:

APPLICANT'S SIGNATURE

DATE

