

LAKE HAVASU CITY APPLICATION FOR BUSINESS LICENSE

www.lhcaz.gov

Application is invalid unless all que A fee is collected upon submission conduct business until the applicat questions.	of application. All busi	ness license fee	s are non-refundable. Yo	ou are not authorized to			
BUSINESS NAME/DBA							
BUSINESS ADDRESS							
MAILING ADDRESS	ET NAME			TY/STATE ZIP			
BUSINESS STREET # STRE TELEPHONE	ET NAME	EMAIL ADDRESS	STE.# CI	TY/STATE ZIP			
AZ RESALE TPT ID #		FEDERAL TAX ID					
TYPE OF OWNERSHIP (CHECK ONE):							
Association Government		Limited Liability Company	Limited Liability Non-Pro	ofit Partnership			
Professional/ Corporation:	NAME OF CORPORATION		STATE OF INCORPORAT	ION DATE OF INCORPORATION			
BUSINESS IN DETAIL: BUSINESS OWNER(S) INFORMATION (IF MORE SPACE NEEDED, ATTACH ADDITIONAL PAGES):							
PRINCIPAL/OWNER NAME (1)	TITLE		PHONE	DATE OF BIRTH			
HOME ADDRESS	CITY/STAT	E ZIP	DRIVER'S LICEN	SE# STATE			
PRINCIPAL/OWNER NAME (2)	TITLE		PHONE	DATE OF BIRTH			
HOME ADDRESS	CITY/STAT	E ZIP	DRIVER'S LICEN	SE # STATE			
PRINCIPAL/OWNER NAME (3)	TITLE		PHONE	DATE OF BIRTH			
HOME ADDRESS	CITY/STAT	E ZIP	DRIVER'S LICEN	SE# STATE			
EMERGENCY CONTACT/LOCAL MANA	GER TITLE		PHONE	DATE OF BIRTH			
HOME ADDRESS	CITY/STAT	E ZIP	DRIVER'S LICEN	SE# STATE			
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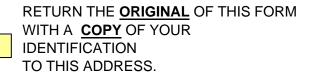
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NOTE: BUILDING OWNER(S) INFORMATION IS REQUIRED.						
BUILDING		. ,				
OWNER NAME	PHON	NE	HOME ADDRESS	CITY/STA	TE ZIP	
TYPE OF Com	nmercial Home Based	Mobile	Swap Meet	Event		
THE NATURE OF MY BUSINE	THE NATURE OF MY BUSINESS IS (CHECK ONE):					
☐ Business Office ☐ Conf	tractor Day Care	Food	Government	Group Home	Handyman	
Manufacturer Med	lical-Doctor/ Restaurant/Bar	Retail	School	Service	Wholesale	
Storage Othe	er Description:					
CONTRACTOR'S LICENSE	E ROC#	CLASS		MOHAVE C	COUNTY HEALTH #	
NOTE: TAX EXEMPT 501(C)((3) ORGANIZATIONS MUST AT	TACH COPY OF TH	E INTERNAL REV	ENUE SERVICE LETT	ER OF DETERMINATION.	
TAXABLE ACTIVITY (CHECK						
Amusement	struction/ Hotel/Motel tracting	Manufacturer/ Retail	Non-Profit	Rental - Commercial	Rental - Residential	
Retail Sales Rest	taurant/Bar Use Tax	Other - Describ	e: 			
DOES YOUR BUSINESS SEL	L FOOD AND/OR ALCOHOL?	Yes	☐ No			
MACHINERY/EQUIPMENT USED/STORED ON SITE:						
MATERIALS/CHEMICALS US	EED/STORED ON SITE:					
DESCRIBE WASTE PRODUC	TS/LEFTOVER MATERIALS:					
METHOD OF DISPOSAL:						
	APPLICANT'S SIGNATUR	lE	 _		DATE	
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
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Lake Havasu City Administrative Services, Business License 2330 McCulloch Blvd N Lake Havasu City, AZ 86403

Ph: (928) 453-4153



LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)

Full Name:						
Rusinass Addrass (as shown	Last	Middle	First			
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).						
identification to the back and	ole for a license, complete this d return to the address in our leaxt to the one you are submitting):					
1. An Arizona drive	r license issued after 1996 or an	Arizona non-operating identificat	ion license.			
	ssued by a state that verifies lawl	The state of the s	. (Licenses from HI, IL,			
3. A birth certificate	or delayed birth certificate issue	d in any state, territory or posses	sion 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	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	u of Indian Affairs affidavit of birth	1.				
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			
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