



LAKE HAVASU CITY APPLICATION FOR BUSINESS LICENSE

www.lhcaz.gov

Application is invalid unless all questions are answered. Supplemental forms may be required depending on the business type. A fee is collected upon submission of application. All business license fees are non-refundable. You are not authorized to conduct business until the application has been approved and a license has been issued. You will be contacted if there are any questions.

BUSINESS
NAME/DBA _____

BUSINESS
ADDRESS _____

MAILING
ADDRESS _____

BUSINESS
TELEPHONE _____

STREET # STREET NAME STE.# CITY/STATE ZIP

STREET # STREET NAME STE.# CITY/STATE ZIP

EMAIL ADDRESS _____

AZ RESALE
TPT ID # _____

FEDERAL
TAX ID _____

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 _____

DESCRIBE
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/STATE _____

ZIP _____

DRIVER'S LICENSE # _____

STATE _____

PRINCIPAL/OWNER NAME (2) _____

TITLE _____

PHONE _____

DATE OF BIRTH _____

HOME ADDRESS _____

CITY/STATE _____

ZIP _____

DRIVER'S LICENSE # _____

STATE _____

PRINCIPAL/OWNER NAME (3) _____

TITLE _____

PHONE _____

DATE OF BIRTH _____

HOME ADDRESS _____

CITY/STATE _____

ZIP _____

DRIVER'S LICENSE # _____

STATE _____

EMERGENCY CONTACT/LOCAL MANAGER _____

TITLE _____

PHONE _____

DATE OF BIRTH _____

HOME ADDRESS _____

CITY/STATE _____

ZIP _____

DRIVER'S LICENSE # _____

STATE _____

FIN-06 (12/5/2023)

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CITY CODE CHAPTER 5.04 BUSINESS LICENSE

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403
Phone (928) 453-4153 Toll Free (866) 248-4150 Fax (928) 855-0551
email: BusinessLicense@lhcaz.gov



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NOTE: BUILDING OWNER(S) INFORMATION IS REQUIRED.					
BUILDING OWNER	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	NAME	PHONE	HOME ADDRESS	CITY/STATE	ZIP
TYPE OF BUSINESS:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Home Based	<input type="checkbox"/> Mobile	<input type="checkbox"/> Swap Meet	<input type="checkbox"/> Event
THE NATURE OF MY BUSINESS IS (CHECK ONE):					
<input type="checkbox"/> Business Office	<input type="checkbox"/> Contractor	<input type="checkbox"/> Day Care	<input type="checkbox"/> Food	<input type="checkbox"/> Government	<input type="checkbox"/> Group Home
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Medical-Doctor/ Dentist	<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Retail	<input type="checkbox"/> School	<input type="checkbox"/> Service
<input type="checkbox"/> Storage	<input type="checkbox"/> Other	Description: <hr/>			
<hr/>		<hr/>		<hr/>	
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):					
<input type="checkbox"/> Amusement	<input type="checkbox"/> Construction/ Contracting	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Manufacturer/ Retail	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Rental - Commercial
<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Use Tax	<input type="checkbox"/> Other - Describe: <hr/>		
DOES YOUR BUSINESS SELL FOOD AND/OR ALCOHOL? <input type="checkbox"/> Yes <input type="checkbox"/> No					
MACHINERY/EQUIPMENT USED/STORED ON SITE: <hr/>					
MATERIALS/CHEMICALS USED/STORED ON SITE: <hr/>					
DESCRIBE WASTE PRODUCTS/LEFTOVER MATERIALS: <hr/>					
METHOD OF DISPOSAL: <hr/>					
<hr/> APPLICANT'S SIGNATURE				<hr/> DATE	

