



# LAKE HAVASU CITY APPLICATION FOR BUSINESS LICENSE

[www.lhcaz.gov](http://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



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**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