





# LAKE HAVASU CITY APPLICATION FOR BUSINESS LICENSE

**NOTE: BUILDING OWNER(S) INFORMATION IS REQUIRED.**

**BUILDING OWNER**

NAME	PHONE	HOME ADDRESS	CITY/STATE	ZIP
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**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: \_\_\_\_\_

\_\_\_\_\_  
AZ RESALE TPT ID #

\_\_\_\_\_  
CONTRACTOR'S LICENSE ROC #

\_\_\_\_\_  
CLASS

\_\_\_\_\_  
EXPIRATION

\_\_\_\_\_  
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

