

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	ON (IF MORE SPACE N	EEDED, ATTACH	I 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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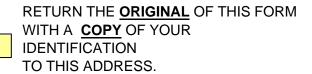
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NOTE: BUILDING OWNER(S) INFORMATION IS REQUIRED.						
BUILDING						
OWNER NAME	PHO	NE	HOME ADDRESS	CITY/STA	ATE ZIP	
TYPE OF Commercial Com	ial Home Based	Mobile	Swap Meet	Event		
THE NATURE OF MY BUSINESS IS	S (CHECK ONE):					
Business Office Contractor	Day Care	Food	Government	Group Home	Handyman	
Manufacturer Medical-D Dentist	octor/ Restaurant/Bar	Retail	School	Service	Wholesale	
Storage Other	Description:					
CONTRACTOR'S LICENSE ROO	C#	CLASS		MOHAVE (COUNTY HEALTH #	
NOTE: TAX EXEMPT 501(C)(3) OF	RGANIZATIONS MUST AT	TTACH COPY OF TI	HE INTERNAL REV	ENUE SERVICE LETT	ER OF DETERMINATION.	
TAXABLE ACTIVITY (CHECK ONE						
Amusement Constructi	notel/iviolet	Manufacturer/	Non-Profit	Rental - Commercial	Rental - Residential	
Retail Sales Restauran		Other - Descril	oe:			
DOES YOUR BUSINESS SELL FO	OD AND/OR ALCOHOL?	Yes	☐ No			
MACHINERY/EQUIPMENT USED/STORED ON SITE:						
MATERIALS/CHEMICALS USED/S	TORED ON SITE:					
DESCRIBE WASTE PRODUCTS/LI	EFTOVER MATERIALS:					
METHOD OF DISPOSAL:						
ΔΡΡΙ	LICANT'S SIGNATUR	?F			DATE	
ALL		· -				
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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).						
To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top). Only provide one of the following forms of identification (mark an "X" next 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 issued	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 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 burea	u of Indian Affairs affidavit of birth	l .				
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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