

## LAKE HAVASU CITY APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME/DBA		TAX ID NUMBER		
BUSINESS		_		
ADDRESS STREET # STREET NAM	ИЕ		STE.# CITY/STAT	TE ZIP
ADDRESS STREET # STREET NAM	ΛΕ		STE.# CITY/STAT	TE ZIP
BUSINESS TELEPHONE		ADDRESS		_
TYPE OF OWNERSHIP (CHECK ONE):				
Association   Government	ndividual/Sole Limited L roprietorship Compan	·	ted Liability	Partnership
Professional/ Corporation:				
	OF CORPORATION		STATE OF INCORPORATION	DATE OF INCORPORATION
N DETAIL:	MORE SPACE NEEDED	, ATTACH ADI	DITIONAL PAGES):	
BUSINESS OWNER(S) INFORMATION (IF		, ATTACH ADI		DATE OF BIRT
BUSINESS OWNER(S) INFORMATION (IF	MORE SPACE NEEDED	, ATTACH ADI	DITIONAL PAGES):  PHONE	DATE OF BIRT
BUSINESS OWNER(S) INFORMATION (IF		ZIP		DATE OF BIRT
BUSINESS OWNER(S) INFORMATION (IF PRINCIPAL/OWNER NAME (1) HOME ADDRESS	TITLE		PHONE	STATE
BUSINESS OWNER(S) INFORMATION (IF PRINCIPAL/OWNER NAME (1) HOME ADDRESS PRINCIPAL/OWNER NAME (2)	TITLE CITY/STATE		PHONE  DRIVER'S LICENSE #	STATE
BUSINESS OWNER(S) INFORMATION (IF PRINCIPAL/OWNER NAME (1) HOME ADDRESS PRINCIPAL/OWNER NAME (2) HOME ADDRESS	TITLE  CITY/STATE  TITLE	ZIP	PHONE  DRIVER'S LICENSE #  PHONE	STATE  DATE OF BIRT  STATE
BUSINESS OWNER(S) INFORMATION (IF PRINCIPAL/OWNER NAME (1) HOME ADDRESS PRINCIPAL/OWNER NAME (2) HOME ADDRESS PRINCIPAL/OWNER NAME (3)	TITLE  CITY/STATE  TITLE  CITY/STATE	ZIP	PHONE  DRIVER'S LICENSE #  PHONE  DRIVER'S LICENSE #	STATE  DATE OF BIRT  STATE
BUSINESS IN DETAIL:  BUSINESS OWNER(S) INFORMATION (IF  PRINCIPAL/OWNER NAME (1)  HOME ADDRESS  PRINCIPAL/OWNER NAME (2)  HOME ADDRESS  PRINCIPAL/OWNER NAME (3)  HOME ADDRESS  EMERGENCY CONTACT/LOCAL MANAGER	TITLE  CITY/STATE  TITLE  CITY/STATE  TITLE	ZIP	PHONE  DRIVER'S LICENSE #  PHONE  DRIVER'S LICENSE #  PHONE	DATE OF BIRT



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NOTE: BUILDING OWNER(S) INFORMATION IS REQUIRED.						
BUILDING OWNER						
NAME	PHONE	HOME ADDRESS	CITY/STA	TE ZIP		
TYPE OF Commercial Home B	ased Mobile	Swap Meet	Event			
THE NATURE OF MY BUSINESS IS (CHECK ONE):						
☐ Business Office ☐ Contractor ☐ Day Car	e Food	Government	Group Home	Handyman		
Manufacturer Medical-Doctor/ Restaura	ant/Bar Retail	School	Service	Wholesale		
Storage Other Description:						
AZ RESALE TPT ID # CONTRACTOR'S LI	CENSE ROC#	CLASS EX	(PIRATION MO	HAVE COUNTY HEALTH #		
NOTE: TAX EXEMPT 501(C)(3) ORGANIZATIONS MU	JST ATTACH COPY OF	THE INTERNAL REVE	NUE SERVICE LETT	ER OF DETERMINATION.		
TAXABLE ACTIVITY (CHECK ONE):						
Amusement Construction/ Hotel/Mo	otel Manufacture	r/ Non-Profit	Rental - Commercial	Rental - Residential		
Contracting  Retail Sales Restaurant/Bar Use Tax	Retail Other - Desc	ribe:	Commercial	Residential		
DOES YOUR BUSINESS SELL FOOD AND/OR ALCO	HOL? Yes	No No				
MACHINERY/EQUIPMENT USED/STORED ON SITE:						
MATERIALS/CHEMICALS USED/STORED ON SITE:						
DESCRIBE WASTE PRODUCTS/LEFTOVER MATERI	ALS:					
METHOD OF DISPOSAL:						
100101170 0101	ATUDE		-	DATE		
APPLICANT'S SIGN	ATUKE		l	DATE		
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## Lake Havasu City Admin. Services, Business License 2330 McCulloch Blvd N Lake Havasu City, AZ 86403

RETURN THE <u>ORIGINAL</u> OF THIS FORM WITH A <u>COPY</u> OF YOUR IDENTIFICATION TO THIS ADDRESS.

Ph: (928) 453-4153 Fax: (928) 855-0551

## **LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)**

Full Name:	-	Last	Middle	Fire				
Business Address on business lice application):	•	Last	Middle	First				
City, State, and 2	Zip Code:							
"licensing elig from issuing a forms of ident	ibility" section (A a (new or renew tification listed in	Napolitano signed Laws 2008, C Arizona Revised Statutes § 41-10 ved) license to an individual unle on the law. View additional inform Web Site (www.id.state.az.us).	080) preventing any licensing a ess the individual has provide	agency in the state of Arizona d the agency with one of the				
identification t	to the back and	ole for a license, complete this d return to the address in our le xt to the one you are submitting):	tterhead (top). Only provide g					
☐ 1. A	n Arizona drive	r license issued after 1996 or an	Arizona non-operating identification	cation license.				
		ssued by a state that verifies law x, UT, and WA are not acceptable	-	tes. (Licenses from HI, IL,				
☐ 3. A	birth certificate	or delayed birth certificate issue	d in any state, territory or poss	session of the United States.				
4. A	United States	certificate of birth abroad.						
5. A	United States	passport.						
☐ 6. A	foreign passpo	ort with a United States visa.						
7. A	n 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	e of Indian blood.						
☐ 12. A	tribal or bureau	u of Indian Affairs affidavit of birth	١.					
		eby certify, under penalty of per inal document and that I am lega						
FIN 00 (40/04/47)		Full Signature of Licensee	OF 2 OFTV 0005 0	Date Date				
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