



**SECONDHAND DEALER BULLHEAD CITY APPLICATION**  
**CITY OF BULLHEAD CITY**  
 Location: 2355 Trane Road  
 Mail to: P.O. Box 23189  
 Bullhead City, AZ 86439-3189  
 (928) 763-0110 - Fax (928) 763-8828

EACH SECTION OF THIS APPLICATION MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED.

				For Office Use Only	
Check One: <input type="checkbox"/> New Business		Former Owner (If Applicable):		Application Date:	
<input type="checkbox"/> New Owner of Existing Business				Start Date:	
For Changes To Existing Licenses:		Current City License#:		Date of Change:	
<input type="checkbox"/> Name Change Only					
<input type="checkbox"/> Location Change					
<input type="checkbox"/> Change Corporate Officers					
<b>SECTION I. BUSINESS LOCATION INFORMATION</b>					
Business Name:				Approvals	
Street Address:				Suite or Apt. #	
City:		State:	Zip	Business Telephone#:	
E-Mail Address:			Business Fax #		
<b>SECTION II. MAILING ADDRESS</b>					
Enter name if Different From Section I (above) or Enter "In-Care-of" Name:					
Address					
City		State	Zip		
<b>SECTION III. BUSINESS OWNERSHIP &amp; RECORD LOCATION</b>					
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. <input type="checkbox"/> Gen Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> S Corp. <input type="checkbox"/> Other					
If LLC do you file with IRS as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership					
If Corporation or LLC, it must be registered with the Arizona Corporation Commission.					
Contact person or owner		Name:		Day Time Phone #:	Night Phone #:
Corporation or LLC if different than DBA					
Corporate or LLC Statutory Agent		Name and Address:			Phone #:
<b>SECTION IV. BUSINESS TYPE</b>					
Business Type	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Amusements	<input type="checkbox"/> Other	<input type="checkbox"/> Construction Contracting
	<input type="checkbox"/> Restaurants/Bars	<input type="checkbox"/> Commercial Rental	<input type="checkbox"/> **Secondhand Sales	Roc#	
	<input type="checkbox"/> Massage Establishment	<input type="checkbox"/> Hotel/Motel	**must sign attached NAICS list.		
Describe Nature of Business					
<b>SECTION V. BUSINESS PREMISES STATUS</b>					
CHECK ONE:		Is your business location your residence?			
<input type="checkbox"/> In City				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Out of City		Do you rent/lease commercial property from another?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to either of these, please complete the Landlord/Property Information.					
Landlord/Property Manager Name:			Address:	Phone #:	
Do you rent a portion of the business premises to another entity?					
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check method you will use in submitting reports:

Cash Receipts  Accrual

Indicate reporting status for filing City Privilege (Sales) tax Returns: (Based upon estimated annual gross taxable income)

Monthly - (over \$50,000)  Quarterly - (\$5,000 - \$50,000)  Annually - (less that \$5,000)

Number of employees.

Give a listing of all locations where the business has operated or where the applicant has operated a business during the last five years:  
 (If not applicable, please write N/A.)

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**The following information is confidential:**

State TPT #	Federal ID# or SS#
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\*\*\*\*\***(COPY OF STATE LICENSE REQUIRED)**\*\*\*\*\*

Owners, Partners, LLC Members, or Officers (For Additional Names Please Attach List)	Name:	Title	Date of Birth:	
	Home Address:		Drivers License#:	
	City:	State:	Zip Code:	Phone #:
	Name:	Title	Date of Birth:	
	Home Address:		Drivers License#:	
	City:	State:	Zip Code:	Phone #:

Give a description of any and all traffic violations, misdemeanors, and felonies whether convicted or not in the last five (5) years:  
(If not applicable, please write " None".) \*\*see attached statement

**IMPORTANT NOTICE:**

ISSUANCE OF A CITY BUSINESS LICENSE DOES NOT RELIEVE THE APPLICANT OF THE RESPONSIBILITY OF COMPLYING WITH THE VARIOUS CITY CODES. IF YOU ARE UNSURE OF SPECIFIC CODE REQUIREMENTS, PLEASE CONTACT THE PLANNING, BUILDING, UTILITY, AND FIRE DEPARTMENTS. ALSO BE SURE THAT ALL CITY TRANSACTION PRIVILEGE (SALES) TAX AND TRANSIENT OCCUPANCY TAX HAS BEEN PAID BY THE FORMER BUSINESS OWNERS. UNDER THE CITY CODE YOU ARE LIABLE FOR ANY UNPAID TAXES.

Applicant's Signature	Title	Date
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Applicant's Signature	Title	Date
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**PLEASE NOTE: Additional Information Required.**

	<b>Type of Ownership</b>	<b>Additional Requirements</b>
<b>New Business</b>	Individual	Copy of owners U.S. issued picture identification. (Call for more details)
	Partnership	Partnership Agreement & copy of partners picture I.D.(US issued)
	LLC	Copy of Arizona Articles of Organization. (Foreign LLC must be registered with the ACC)
	Corporation	Copy of Arizona Articles of Incorporation. (Foreign Corporations must be registered with
<b>New Owner of Existing Business</b>	Individual	the Arizona Corporation Commission) Letter or Bill of Sale from prior owner and copy of new owners US issued picture ID.
	Partnership	Letter or Bill of Sale from prior owner, partnership agreement and copy of new owners' picture ID.
	LLC	Letter or Bill of Sale from prior owner and copy of the Articles of Organization.
	Corporation	Letter or Bill of Sale from prior owner and copy of the Articles of Incorporation.

**FEES**

**\$50.00** (non-refundable) initial application fee *plus* **\$150.00** annual renewal fee for Secondhand Dealers. The fee will be pro-rated through June the first year as all business licenses renew in June.

Initial application fee for Alarm Monitoring is \$100.00.