



# MESSAGE ESTABLISHMENT BULLHEAD CITY APPLICATION

CITY OF BULLHEAD CITY

Business License Office

PO Box 23189

Bullhead City, AZ 86439-3189

(928) 763-0110 - Fax (928) 763-0131 BHCBusinessLicense@bullheadcityaz.gov

Location: 2355 Trane Rd, Bullhead City, AZ 86442

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 <input type="checkbox"/> New Owner of Existing Business	Former Owner (If Applicable):	Application Date:	License Type:
			TPT      OBL
For Changes To Existing Licenses: <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change <input type="checkbox"/> Change Corporate Officers	Current City License#:	Date of Change:	Application & License Fee
			License #

### SECTION I. BUSINESS LOCATION INFORMATION

Business Name:		Approvals	
Street Address:	Suite or Apt. #	Business License Office A   D	
City:	State:	Zip	Business Telephone#: A   D
E-Mail Address:	Business Fax #		Planning/Zoning Department A   D

### SECTION II MAILING ADDRESS

Enter name if Different From Section I (above) or Enter "In-Care-of" Name:		Fire Department A   D	
Address		Health Department A   D	
City	State	Zip	Police Department A   D

### SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership:  Individual    LLC    Corp.    Gen Partnership    Ltd. Partnership    S Corp.    Other  
 If LLC do you file with IRS as:  Sole Proprietor    Corporation    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 #:	

### SECTION IV. BUSINESS TYPE

Business Type	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Amusements	<input type="checkbox"/> Other/Service	<input type="checkbox"/> Construction Contracting
	<input type="checkbox"/> Restaurants/Bars		<input type="checkbox"/> Taxi	<input type="checkbox"/> **Secondhand Sales	Roc#
	<input type="checkbox"/> Massage Establishment		<input type="checkbox"/> Hotel/Motel	**must sign additional NAICS list. <input type="checkbox"/> Home Occupation	

Describe in detail the Nature of Business:

### SECTION V. BUSINESS PREMISES STATUS

CHECK ONE: <input type="checkbox"/> In City <input type="checkbox"/> Out of City	Is your business location your residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	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
If YES, please list the name and telephone of the other entity:			

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 than \$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.)

**The following information is confidential:**

State TPT # (if applicable)	Federal ID#/EIN# or SS# (last 4 digits)
--------------------------------	---

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".) Additional signed statement may be applicable.

**IMPORTANT NOTICES:**

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.

**Per A.R.S. § 9-495.** Employees providing assistance; identification; communication:

A. In any written communication between a city or town and a person, the city or town shall provide the name, telephone number and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following:

1. Demands payment of a tax, fee, penalty, fine or assessment.
2. Denies an application for a permit or license that is issued by the city or town.
3. Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the city or town.

B. An employee who is authorized and able to provide information about any communication that is described in subsection A of this section shall reply within five business days after the city or town receives that communication.

Applicant's Signature	Title	Date
-----------------------	-------	------

Applicant's Signature	Title	Date
-----------------------	-------	------

**PLEASE NOTE: Additional Information Required.**

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

**Fees**  
**\$410.00** (non-refundable) initial application fee and **\$60.00** per employee. **A change of location is \$100.00**