



SECONDHAND DEALER 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: Start Date:	License Type: <div style="text-align: center;">TPT OBL</div> Application & License Fee
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: License #
SECTION I. BUSINESS LOCATION INFORMATION		
Business Name:		Approvals
Street Address: Suite or Apt. #		Business License Office A D
City:	State:	Zip: Business Telephone#:
E-Mail Address:		Business Fax #
SECTION II. MAILING ADDRESS		
Enter name if Different From Section I (above) or Enter "In-Care-of" Name:		Building Department A D
Address		Planning/Zoning Department A D
City	State	Zip
SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION		
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 #:
SECTION IV. BUSINESS TYPE		
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"/> Message Establishment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> **must sign attached NAICS list.	
Describe 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 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.)

The following information is confidential:

State TPT #	Federal ID#/EIN# or SS# (last 4 digits)
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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 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
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Applicant's Signature	Title	Date
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PLEASE NOTE: Additional Information Required.

	Type of Ownership	Additional Requirements
New Business	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
New Owner of Existing Business		the Arizona Corporation Commission)
	Individual	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

\$60.00 (non-refundable) initial application fee plus \$160.00 annual renewal fee for Secondhand Dealers.
Initial application fee for Alarm Monitoring is \$100.00.