



APPLICATION FOR PEDDLERS LICENSE
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

DATE OF APPLICATION: _____ LICENSE #: _____

BUSINESS NAME: _____ PHONE #: _____

BUSINESS LOCATION: _____

Street City State Zip Code

MAILING ADDRESS: _____

Street City State Zip Code

COMPLETE DESCRIPTION OF THE PRODUCT TO BE SOLD OR SERVICES OFFERED, WITH INFORMATION REGARDING SALES:

APPLICANT NAME: _____ PHONE #: _____

ADDRESS: _____

Street City State Zip Code

SOCIAL SECURITY NO: _____ DRIVER'S LICENSE NO. AND STATE: _____ / _____

BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

VEHICLE DESCRIPTION: Make: _____ Model: _____ Year: _____ Color: _____
License Plate #: _____ State: _____

APPLICANT MUST PROVIDE FINGERPRINT IDENTIFICATION TO THE POLICE DEPARTMENT.

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), and Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-3878.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

FINGERPRINTS MAY BE OBTAINED AT THE BULLHEAD CITY POLICE DEPARTMENT (928) 763-9200 BY APPOINTMENT ONLY.

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STATEMENT OF ANY FELONY CONVICTIONS WITHIN THE LAST TEN YEARS:

STATEMENT OF ANY MISDEMEANOR CONVICTIONS WITHIN THE LAST FIVE YEARS:

STATEMENT OF ANY PENDING CRIMINAL CHARGES IN ANY COURT IN THE UNITED STATES:

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE. I HAVE RECEIVED A COPY OF THIS APPLICATION AND HAVE READ THE NOTIFICATIONS CONCERNING USE OF MY FINGERPRINTS TO OBTAIN CRIMINAL HISTORY RECORDS. I HAVE ALSO RECEIVED A COPY OF CHAPTER 5.24 OF THE BULLHEAD CITY MUNICIPAL CODE WHICH REGULATES PEDDLER ACTIVITY IN THE CITY.

Important Notice:

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.

SIGNATURE: _____ DATE: _____

Fees

\$110.00 Application Fee (Non-Refundable) - \$60.00 Annual License Fee - \$15.00 Fingerprint Card Fee

FOR CITY USE ONLY

City Manager: Approved _____ Disapproved _____ Date _____ Signature _____

Police Dept: Approved _____ Disapproved _____ Date _____ Signature _____