



BUSINESS LICENSE APPLICATION

CITY OF BULLHEAD CITY
Business License Office
PO Box 23189

Bullhead City, AZ 86439-3189

Office: (928) 763-0110 - Fax: (928) 763-0131 - E-mail: 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		Former Owner (If Applicable):		Application Date:	
<input type="checkbox"/> New Owner of Existing Business				Start Date:	
For Changes To Existing Licenses: <input type="checkbox"/> Name Change Only		Current City License#:		Date of Change:	
<input type="checkbox"/> Location Change					
<input type="checkbox"/> Change Corporate Officers					
SECTION I: BUSINESS LOCATION INFORMATION					
Business Name:				Approvals	
Street Address: _____ Suite or Apt. # _____				Business License Office	
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:				Fire Department	
Address				Health Department	
City		State	Zip	Police Department	
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"/> S Corp. <input type="checkbox"/> Other/Non-Profit					
If LLC do you file with IRS as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation					
If Corporation or LLC, it must be registered with the Arizona Corporation Commission unless exempt.					
Contact person or owner		Name:		Day Time Phone #:	
Corporation or LLC if different than DBA				Night Phone #:	
Corporate or LLC Statutory Agent		Name and Address:			Phone #:
SECTION IV: BUSINESS TYPE					
Business Type		<input type="checkbox"/> Retail-New Products Only	<input type="checkbox"/> Amusements	<input type="checkbox"/> Other/Services	<input type="checkbox"/> Construction Contracting
		<input type="checkbox"/> Restaurants/Bars	<input type="checkbox"/> Taxi	<input type="checkbox"/> Wholesaler	ROC#
		<input type="checkbox"/> Rental of Tangible Personal Property	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Home Occupation	
Describe in detail business activity:					
SECTION V: BUSINESS PREMISES STATUS					
CHECK ONE:		Is your business location your residence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> In City		Do you rent/lease commercial property from another?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Out of City		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:			

Indicate reporting status for filing State and City Transaction Privilege (Sales) Tax Returns:

Monthly Quarterly Annually

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 TPT LICENSE REQUIRED)

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

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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Additional Requirements

New Business

Type of Ownership

- | | |
|-------------|--|
| Individual | Copy of owners U.S. issued picture identification. |
| Partnership | A Partnership Agreement & copy of all partner picture identifications. (US issued) |
| LLC | Copy of Arizona Articles of Organization and/or Foreign LLC if applicable. |
| Corporation | Copy of Arizona Articles of Incorporation. (Foreign LLCs and Corporations must be registered with the Arizona Corporation Commission unless exempt.) |

New Owner of Existing Business

- | | |
|-------------|--|
| 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' 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. |

TOTAL FEES INCLUDE APP FEE PLUS LICENSE FEE

Initial general business license application fee is \$60.00 (non-refundable). Non-profit, Insurance & Title companies have no fee.

AND

The annual renewal license fee is \$60.00; Secondhand Dealer renewal fee is \$160.00 (see separate application); Non-profit, Insurance Companies, and Title Companies renewal fee is \$0.00. Change of officers or business name is \$20.00.

Change of location inside the City limits is \$20.00. Change of location outside the City limits is \$5.00. Duplicate printed license is \$5.00.