



TOWN OF COLORADO CITY

P. O. Box 70 * Colorado City, Arizona 86021

Phone & TDD: 928-875-2646 * Fax: 928-875-2778

BUSINESS LICENSE APPLICATION

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| TYPE OF LICENSE | | |
| <input type="checkbox"/> New License <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Location <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Other: | | |
| BUSINESS INFORMATION | | |
| Name of Business: | | |
| Doing Business As: | | |
| Mailing Address: | | |
| Location Address: | | |
| Email Address: | Phone: | Fax: |
| TYPE OF BUSINESS CONDUCTED (check all that apply and complete a description) | | |
| Description: | | |
| <input type="checkbox"/> Retail Sales <input type="checkbox"/> Manufacturing <input type="checkbox"/> Medical Services <input type="checkbox"/> Services <input type="checkbox"/> Restaurant/Fast Foods <input type="checkbox"/> Contracting <input type="checkbox"/> Agriculture <input type="checkbox"/> Wholesale/Distribution <input type="checkbox"/> Communications <input type="checkbox"/> Repairs/Maintenance <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Rental/Leasing <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other: | | |
| TAX INFORMATION | | |
| Arizona Privilege Tax I.D. Number: | | |
| Federal Tax I.D. Number: | | |
| OWNERS, PARTNERS, OR CORPORATE OFFICERS: | | |
| Primary Owner's Name: | | |
| Mailing Address: | | |
| Telephone: | Cell Phone: | Email: |
| Secondary Owner's Name: | | |
| Mailing Address: | | |
| Telephone: | Cell Phone: | Email: |
| Manager's Name: | | |
| Mailing Address: | | |
| Telephone: | Cell Phone: | Email: |
| <p>I hereby certify that the statements contained herein are true and correct to the best of my knowledge and that the falsification of any information contained herein constitutes sufficient cause for rejection of this application or revocation of any license previously granted by the town of Colorado city. I understand that the Town Clerk may require additional information to evaluate or process this application, and I agree to supply the information upon request as part of this application.</p> | | |
| Applicant's Signature: | | Date: |

| OFFICE USE ONLY | |
|----------------------------|----------------------------|
| BUILDING DEPARTMENT | LICENSE INFORMATION |
| Date Received: | Annual Fee: |
| Date Complete: | Receipt Number: |
| Approval: | Date Issued: |
| Signature: | License Number: |
| Recommendation: | Notes: |
| | |
| POLICE DEPARTMENT | FIRE DEPARTMENT |
| Date Received: | Date Received: |
| Date Complete: | Date Complete: |
| Approval: | Approval: |
| Signature: | Signature: |
| Recommendation: | Recommendation: |
| | |