



LICENSE APPLICATION

TRANSACTION PRIVILEGE & USE TAX

Telephone: (928) 777-1268
 Fax: (928) 777-1255

Location Address: 201 S. Cortez St, Prescott, AZ
 Mailing Address: P.O. Box 2077, Prescott, AZ 86302-2077

For Office Use Only	
License App. Fee	\$25.00
Fire Insp. Fee <small>(required for commercial location within city limits)</small>	\$40.00
License #	
NAICS Code	
Business Class	
Geo Code	
Filing Freq. M Q A	
Initials	
Comments	

Check one:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	License No.:	
Check one:	<input type="checkbox"/> New Business	Former Owner (if applicable):	Previous City License #:
	<input type="checkbox"/> New Owner of Existing Business		
Check any that apply:	<input type="checkbox"/> Name Change Only	Current City License #:	Date of Change:
	<input type="checkbox"/> Location Change		

SECTION I. BUSINESS INFORMATION

Business Name (Individual, Company or "DBA", First Name first): _____
 Location or Rental Address: _____
 City: _____ State: _____ Zip Code + 4: _____ Business Phone: _____
 Start Date: _____ State License #: _____ Federal ID#: _____
 E-mail Address: _____

SECTION II. MAILING ADDRESS & PHONE NUMBER

Enter Name if Different from Section I (above) or Enter Care-Of Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code + 4: _____ Business Phone: _____

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership:	Individual	LLC	Corp. - State Inc.	Gen. Partnership	Ltd. Partnership	Other
Owners, Partners, LLC Members, or Officers <small>(For Additional Names, Please Attach List)</small>	1) Name:		Title:			
	Home Address:		Social Security #:			
	City:	State:	Zip Code:	Phone No.:		
	2) Name:		Title:			
	Home Address:		Social Security #:			
	City:	State:	Zip Code:	Phone No.:		
Corporate or LLC Statutory Agent	Name:		Phone No.:			
Location Where Business Records Are Kept	Address:					
	City:	State:	Zip Code:			

SECTION IV. BUSINESS TYPE

Business Type	Retail Sales	Restaurant/Bar	Amusement	Construction Contracting	Adv./Pub	Wholesaler	Use Tax
	Manufacturer	Commercial Rental	Residential Rental (# of Units:)	Hotel/Motel	Other:		
Describe Nature of Business							
Check method you will use in submitting reports:			Cash Receipts	Accrual	# of Employees:		

SECTION V. BUSINESS PREMISES STATUS

Check one:	Do you own your business location? Yes No		If yes, is this your residence? Yes No	
	If no, complete Landlord/Property Manager Information			
	Landlord/Property Manager Name:		Address:	
	City:	State:	Zip Code:	Phone No.:
	Do you rent a portion of the business premises to another entity? Yes No			

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the permit authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. Incomplete forms may not be processed.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

Print Name:	Signature:	Title:	Date:
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LICENSING ELIGIBILITY

To be compliant with House Bill 2745 before issuing a license to an individual, the individual must present one of the following documents to the City of Prescott indicating that the individual's presence in the United States is authorized under federal law:

Check the box next to the document indicating lawful presence.

<input type="checkbox"/>	An Arizona driver's license issued after 1996 or an Arizona non-operating identification.
<input type="checkbox"/>	A driver's license issued by a state that verifies lawful presence in the United States.
<input type="checkbox"/>	A birth Certificate issued in any State, territory or U.S. possession.
<input type="checkbox"/>	A United States certificate of birth abroad.
<input type="checkbox"/>	A U.S. Passport
<input type="checkbox"/>	A foreign passport with a U.S. visa.
<input type="checkbox"/>	An I-94 form with a photograph.
<input type="checkbox"/>	A U.S. citizenship and immigration services employment authorization.
<input type="checkbox"/>	A U.S. certificate of citizenship.
<input type="checkbox"/>	A tribal certificate of Indian blood.
<input type="checkbox"/>	A tribal or bureau of Indian Affairs affidavit of birth.

This provision does not apply to an individual, if **all** of the following apply:

1. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.

2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

Signature of applicant

Date

Signature of municipal employee

Date

Prescott Fire Department

1700 Iron Springs Road
Prescott, AZ 86305
PH 928-777-1760 FAX 776-1890 TDD 445-6811

Business Information Record

Please print all information and return to PFD within 7 days.

Business Name _____

Physical Address _____ Suite _____

Mailing Address _____

Phone Number _____ Fax _____

Primary Business Activity _____

Business Start Date _____

Business Owner Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Property Owner Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Local after hours contact name _____ Phone _____

Local after hours contact name _____ Phone _____

Check the following only if they apply to your business.

- Storage and/or use of hazardous materials including but not limited to:
 - Flammable, combustible liquid use and/or storage
 - Liquefied Petroleum Gas
 - Compressed gas
 - Spray finishing/dipping
 - Explosives or fireworks
 - Corrosive, cryogenic, oxidizer, toxic or reactive materials
- Combustible dust producing operation
- Cutting and welding
- Storage greater than 12' in height
- Industrial oven
- Open flames and torches

Print Name _____ Signature _____

Title _____ Date _____

You may contact Fire Prevention at 928-777-1760 for more information or to schedule a fire inspection.