

CITY OF PRESCOTT

TEMPORARY USE PERMIT SUBMITTAL CHECKLIST

IN ORDER TO SUBMIT THIS APPLICATION YOU MUST SCHEDULE A MEETING WITH A CITY PLANNER. TO SCHEDULE A MEETING PLEASE CALL 928-777-1207.

TUP#: _____

No application will be accepted unless it is complete including, but not limited to, the following:

- Completed application and letter of authorization if applicant is different than owner.
- Completed Prescott Fire Department Special Event/Display Permit application
- Completed Transaction Privilege & Use Tax form, Licensing Eligibility form, Prescott FD Business Information Record form and Peddler's/Solicitor's/Transient Merchant's License application. (Fees will be collected by the Tax and Licensing.)
- Written narrative describing the proposed use, compatibility with the surround area, impacts on emergency services, access to the property, parking, hours of operation and any health and safety issues (such as noise or hazardous materials).
- A filing fee in the amount of: **\$112.00 plus fire and building fees if applicable.**
- One (1) set of plans if plan is submitted (and readable) at 8.5"x11" or 11"x17".
Plans must be to scale, include exterior elevations of the building, show location on property where TUP will be used, show parking, ingress and egress, provide specifications for proposed work.

OR

- Seven (7) **FOLDED** copies of the site plan drawings, **ONLY** if plans are larger than **11"x17"**. And one (1) 8 ½" X 11" xerographic or photo reduction of the Site Plan.

NOTE: A DETERMINATION OF "APPLICATION COMPLETENESS" BY THE STAFF PLANNER AND A RECEIPT FOR THE FILING FEE WILL BE SENT TO THE APPLICANT WITHIN FIFTEEN (15) DAYS OF SUBMITTAL OF THE APPLICATION.

(Office Use Only)

PLANNER TAKING IN APPLICATION

DATE TAKEN IN



TEMPORARY USE PERMIT APPLICATION

TUP# _____

Property Address: _____

Assessor's Parcel Number (s) (APN): _____ Zoning: _____

		<i>For Staff Use Only</i>
Property Owner Name & Address: _____ _____ _____		Date Received: _____
Phone: _____		Taken In By: _____
Fax: _____		Assigned To: _____
Email: _____		Date Application Complete: _____
PROPERTY OWNER SIGNATURE: _____		Fees & Charges: _____
Applicant/Agent Name & Address (If different than property owner, Agent letter must accompany submittal): _____ _____ _____		Receipt #/Date: _____
Phone: _____		
Fax: _____		
Email: _____		

Description of Request: _____

Date(s) _____ Time(s) _____

Location of parking for vendors: _____

Name **Signature** **Date**



Prescott Fire Department Special Event/Display Permit Application

Permits shall be obtained from the Prescott Fire Department for any event or display using open flames, cooking or heating appliances, tents or canopies, air-supported and inflated devices or structures (jump castles, slides, etc), combustible decorative materials, consumer fireworks and display fireworks, compressed gas or the blocking of emergency access roads. Complete the application form and return it to the Office of Fire Prevention, 1700 Iron Springs Road, Prescott, AZ 86305, between 8:00AM and 5:00PM Monday through Friday, or fax to 928-776-1890 a minimum of 30 days before the scheduled event. *A site plan drawn to scale, showing the display or event location is required to be submitted with the application.*

An inspection by the Building Department shall be completed prior to scheduling a Fire Prevention inspection for tent permits. Inspections may be scheduled prior to the opening of an event by contacting Fire Prevention at 928-777-1760. Special events/displays and Temporary Use Permits are subject to a fire department fee. Please see the fire department fee schedule for details.

Event Name: _____
Event Address: _____
Event Date: _____ Set Up Time: _____
Event Day Contact Name: _____ Phone: _____
Brief description of event: _____

Applicant Name (company): _____
Applicant Address: _____
Applicant Signature: _____ Date: _____

Check the following only if they apply to your display or event.

- _ Use of heating or cooking equipment
- _ Tent or canopy, indicate size _____
- _ Air-supported or air-inflated structures
- _ Display of liquid- or gas-fueled vehicles, boats or other motor craft
- _ Compressed gas, LPG or other hazardous material
- _ Open or exposed flame
- _ Combustible decorative materials
- _ Temporary electrical power
- _ Pyrotechnic special effects
- _ Special amusement building
- _ Trade show or exhibit
- _ Temporary consumer firework sales
- _ Blocking of street or emergency access road
- _ Other _____

Important Prescott Gateway Note: For the purposes of providing required egress in the mall, there shall be a minimum of 10' clear exit width between any storefront or kiosk and the nearest display. Displays and events may not obstruct the means of egress travel.

FD Use Only
Date Submitted: _____ Received By: _____
Inspection Date: _____ Inspector: _____



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 <input type="checkbox"/> New Owner of Existing Business	Former Owner (if applicable):	Previous City License #:
Check any that apply:	<input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change	Current City License #:	Date of 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:		

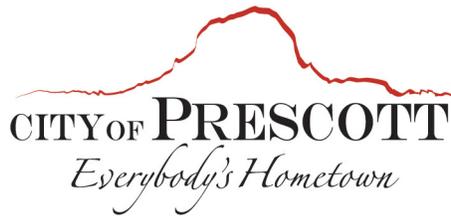
SECTION V. BUSINESS PREMISES STATUS

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.



City of Prescott

P.O. Box 2077, Prescott, AZ 86302

Office Location: 201 S. Cortez

Phone (928) 777-1268

Fax (928) 777-1255

For Office Use Only

Application Fees:

// Transient License \$50.00

// Identification Card \$10.00 x _____ = _____

// Bond Posted \$ _____

Total Fees Paid: \$ _____

Transient License #: _____

Tax License Issued# _____

PEDDLER'S/SOLICITOR'S/TRANSIENT MERCHANT'S LICENSE APPLICATION

SECTION 1. GENERAL INFORMATION

Applicant Name (First, Middle & Last)

Local Business Phone / Local Residence Phone

Applicant Resident Address

Height / Weight / Eye Color / Hair Color

City, State & Zip Code

Social Security # / Driver's License #/State

Applicant Local Resident Address

Applicant's Date of Birth

Name of Business Represented

Vehicle License # / Year / Make / Model / Color

Address of Business Represented (No PO Box)

Applicant's Photograph:

Date(s) Doing Business in Prescott

Nature of Business/Goods to be Sold

Supplier or Source of Goods

Sales Will Be Made: // Door to Door // Street to Street // On Parade Route

// Fixed Location, Specific Address or other (describe): _____

NOTE:

PLANNING AND ZONING MUST APPROVE FIXED-LOCATION SALES VEHICLES, BICYCLES, ETC. ARE PROHIBITED FOR PARADE ROUTE SALES

SECTION II. REFERENCES

Most recent cities or towns where you conducted this business:

<u>City or Town</u>	<u>Address where you conducted this business</u>	<u>Dates</u>
1. _____	_____	_____
2. _____	_____	_____

// Character References from Yavapai County Property owners OR // Employment History:

<u>Name</u>	<u>Address</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

Have you ever been arrested? // Yes // No // If yes, attach full explanation

Authorized Employees, Agents or Independent Dealers (attach separate list if necessary):

<u>Name</u>	<u>Address</u>	<u>Phone</u>	
1. _____	_____	_____	Each person must obtain an identification card.
2. _____	_____	_____	
3. _____	_____	_____	

Bond Required: \$ _____ (\$200 plus \$100 for each employee, agent or independent dealer)
(maximum \$1000)

SECTION III. CERTIFICATION

I hereby certify that the statements made herein have been examined by me and they are, to the best of my knowledge and belief, true and complete. I also certify that I am familiar with the Code provisions governing this license or identification card.

I understand that I may be responsible for reporting and remitting sales tax to the City of Prescott in conjunction with this license. I further understand that this license is subject to investigation and for cause may be denied and this license fee is nonrefundable.

Date Applicant Signature

For City of Prescott Use Only

License Class: // Peddler // Solicitor // Transient Merchant

Planning and Zoning:	_____ Approved	_____ Disapproved	_____ Reason for Disproval	_____ Date
Police Department:	_____ Approved	_____ Disapproved	_____ Reason for Disproval	_____ Date
Finance Department:	_____ License Issued		_____ Identification Card Issued	_____ Date
Bond Returned:	_____ Amount	_____ Received By		_____ Date