



# BUSINESS LICENSE APPLICATION

(Application fee and Annual license fees do apply)

THIS APPLICATION MUST BE FILED BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF GILA BEND

## SECTION I. APPLICANT INFORMATION

Name _____	Date of birth _____	Phone No. _____
Address _____	City _____	State _____ Zip Code _____
Employer _____	Address _____	City _____ State _____ Zip Code _____

Please list the most recent counties, cities or towns, if any, where you carried on business immediately preceding the date of the application and the address from which such business was conducted in those municipalities. \_\_\_\_\_

Have you even been convicted of a crime, misdemeanor (except minor traffic violations) or violation of any municipal laws? ( ) No ( ) Yes  
If yes, please explain: \_\_\_\_\_

## SECTION II. BUSINESS INFORMATION

Business Name _____	Name of entity with controlling interest if different _____
Address _____	City _____ State _____ Zip Code _____
Business Telephone No. _____	State License # _____ Federal ID # _____

## SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership: ( ) Individual ( ) LLC ( ) Corp. – State Inc. \_\_\_\_\_ ( ) Gen. Partnership ( ) Ltd. Partnership ( ) Other \_\_\_\_\_

<b>Owners, Partners, LLC Members, or Officers</b> (For Additional Names, Please Attach List)	1)	Name _____ Title _____
	Home Address _____ City _____ State _____ Zip Code _____	
	Phone No. _____ Date of Birth _____ Social Security # _____	
	2)	Name _____ Title _____
		Home Address _____ City _____ State _____ Zip Code _____
		Phone No. _____ Date of Birth _____ Social Security # _____

<b>Corporate or LLC Statutory Agent</b>	Name _____	Phone No. _____
<b>Location Where Business Records Are Kept</b>	Name _____	Phone No. _____
	Address _____	City _____ State _____ Zip Code _____

## SECTION IV. BUSINESS TYPE

<b>Business Type</b>	( ) Retail Sales ( ) Wholesaler ( ) Amusement ( ) Construction Contracting ( ) Restaurant/Bar ( ) Manufacturer ( ) Commercial Rental ( ) Residential Rental (# of Units _____) ( ) Hotel/ Motel ( ) Other _____	
<b>Describe Nature of Business</b>	_____	No. of Contractors _____
Check method you will use in submitting reports: ( ) Cash Receipts ( ) Accrual	No. of Employees _____	
Length of time for which the right to do business is desired: _____	_____	
If a vehicle is to be used: Make: _____ Model: _____ License Plate #: _____	_____	

## SECTION V. BUSINESS PREMISES STATUS

<b>Check one:</b>	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 _____	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 license 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.

Print Name _____	Signature _____	Title _____	Date _____
------------------	-----------------	-------------	------------

### FOR OFFICE USE ONLY

App. Fee	License Fee	License #	SIC Code	Business Class	Comments:
<b>A recent photograph of the applicant must be attached</b>			<b>The names of at least two reliable property owners of the city who will certify as to the applicant's credibility.</b>		
Planning & Zoning Review _____			Public Safety (Police/Fire) Review _____		Building Safety Review _____