



# Town of Huachuca City BUSINESS LICENSE APPLICATION

**NAME OF BUSINESS:** \_\_\_\_\_

Business Phone: \_\_\_\_\_ AZ Sales Tax #: \_\_\_\_\_

Physical Location: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Business Mailing Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

E-Mail Address: \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

---OR---

**MANAGER:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

Emergency Contact / Phone: \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

**OWNERSHIP:** Individual \_\_\_\_ Partnership \_\_\_\_ Corporation or LLC \_\_\_\_

\_\_\_\_ Contractor, Contractor # \_\_\_\_\_ Expiration \_\_\_\_\_

Contractor type: \_\_\_\_\_

**NO. OF EMPLOYEES:** \_\_\_\_\_ **DATE BUSINESS BEGAN IN HUACHUCA CITY:** \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>		
<b>DATE RECEIVED:</b> _____	<b>AMOUNT PAID:</b> _____	<b>CK</b> __ <b>CA</b> __ <b>OP</b> __
<b>LICENSE NUMBER</b> _____		

**Business Licenses may only be approved with the completion of this form and related pages.**

**Per Town Code:**

Every Person who engages in a business or other activity for which a license is required by this chapter, desiring to engage or to continue in such business or other activity, shall make application to the clerk for a business license.

*Town Code 5.05.030*

I have read and acknowledge the following rules:

1. This application must be approved before I can lawfully engage in any business activities in the Town of Huachuca City
2. A separate license is required for each business location.
3. Written notification of any changes or cancellation of this application must be made immediately to the Building Official. Without written notification of cancellation, billing will continue.
4. This license is **NON-TRANSFERABLE** and shall be valid until revoked by the Town Clerk.
5. The fee for business licenses and license renewals can be found within the Huachuca City Town Code. The code is located at <http://www.huachucacityaz.gov>
6. **I certify that if applicable, I will submit the application for an Arizona State Sales Tax Number for the location described with five (5) working days of the approval of this application.**
7. A separate permit is required for any business sign.
8. When operating from a commercial location, I will be required to submit a zoning compliance certificate. If operating from my home within City Limits, I will be required to complete a Home Occupation Application.
9. I hereby certify that the statements made herein, to the best of my belief and knowledge, are true and correct.

**I UNDERSTAND THAT THIS LICENSE IS CONTINGENT UPON APPROVAL FROM BUILDING OFFICIAL, THE FIRE DEPARTMENT, AND POLICE DEPARTMENT:**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

## LICENSING ELIGIBILITY

Before issuing a license to an individual, the individual must present one of the following documents to the municipality 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.**

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States. (See Overview of States' Driver's License Requirements.)
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	A United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	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