AP0711

BUSINESS LICENSE APPLICATION

$25 APP FEE	Date App Rec'd	Check Number	Initials

City of Tucson**City Hall**255 W. Alameda**P.O. Box 27210**Tucson, AZ 85726** (520) 791-4566

LIC#	Activities	NAICS (s)	For Office Use Only

SECTION I. BUSINESS INFORMATION

Please complete all sections below. *[Print]*

☐ New Business
☐ New Owner of Existing Business

Date Business Started in Tucson | Former Owner (if applicable) | Previous City License #

Check any that apply: ☐ Name Change Only ☐ Location Change ☐ Corporate Name/ Officer Change Only

Current City License # (if applicable) | Date of Change

Business Name, "Company or DBA", if Individual (Last, First, Middle)

Street # | Direction | Street Name | St Title | Suite/Apt #

City | State | ZIP Code + 4 | (Area Code) Business Telephone #

Fax # | E-Mail Address (If Available) | State License # | Federal ID #

Paying #
Commercial Rental
Sub-Lease
Booth Rental
Previous Lic #

SECTION II. MAILING ADDRESS AND TELEPHONE NUMBER

Enter Name if Different from Section I (above) or Enter 'In-Care-Of' Name

Street # | Direction | Street Name | St Title | Suite/Apt #

City | State | ZIP Code + 4 | (Area Code) Telephone #

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership: ☐ Individual ☐ LLC ☐ Corp. - State Inc.#_____ ☐ Partnership ☐ Ltd. Partnership ☐ Other_____

* Provision of your Social Security Number on this form is voluntary. It is the policy of the City of Tucson Finance Department/Treasury Division to request this information for tax collection purposes. If provided, your Social Security Number will not be released to unauthorized persons.

Owners, Partners, LLC, Members, or Officers (for additional names, please attach list)

Name | Title | Driver's License #
Home Address | * Social Security #
City | State | Zip Code + 4 | (Area Code) Telephone #

Name | Title | Driver's License #
Home Address | * Social Security #
City | State | Zip Code + 4 | (Area Code) Telephone #

Corporation Name if different from DBA. | Name

Location where business records are kept, if different from business location. | Address | (Area Code) Telephone #
City | State | Zip Code + 4

ZONING
Approved
Denied
Comments

SECTION IV. BUSINESS TYPE

Describe Nature Of Business

Are you a registered Contractor? ☐ Yes ☐ No
Contractors #

Check method you will use to submit reports: ☐ Cash Receipts ☐ Accrual ☐ Number of Employees

SECTION V. BUSINESS PREMISES STATUS

Is this your residence? ☐ Yes ☐ No If No, do you own your business location? ☐ Yes ☐ No

If you do not own your business location, complete Landlord/Property Manager information below.

Landlord/Property Manager Name | Address | City | State | Zip Code + 4

(Area Code) Telephone # | 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 of Tucson. Incomplete forms may not be processed. Applications must be signed by Corporate officer, owner, or all partners.

Print Name(s)	Signatures(s)	Title(s)	Date
Print Name(s)	Signatures(s)	Title(s)	Date

IF YOU PURCHASE A BUSINESS, BE SURE ALL BUSINESS TAXES AND FEES HAVE BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

INSTRUCTIONS FOR COMPLETING BUSINESS PRIVILEGE LICENSE APPLICATION

Please complete all sections starting with Section I.

Section I: Business Information

Check Boxes

Put a check in any of the boxes in the first two lines that apply to your business. Each block in the next two lines is self-explanatory and requires a check in the appropriate box or information.

Business Name

The business name should be the DBA (Doing Business As) or if you are not using a business name, the name of the owner.

Business Location Address

The address listed is your business location address. Include suite, unit, or apartment numbers. P.O. Box numbers are not accepted for business location.

Business Telephone

The telephone number listed here should correspond to the business location.

Fax Number

Provide the fax number for the person who should receive inquiries concerning this application.

E-mail Address

Provide the E-mail address for the person who should receive inquiries concerning this application.

State Tax License #

List your Arizona State privilege tax number if you are required to have one.

Federal ID #

List your Federal Employer Identification Number. This number is required in order to use Tucson Tax and License Online.

Section II: Mailing Address And Telephone Number

Name

List business legal entity name if different from Section I, or "In-Care-Of" name or information. Property managers or independent tax preparers who will be receiving returns should list their name here.

Mailing Address

Provide the mailing address. Note: Business license and tax billings will be sent to this address. Please include suite, unit, or apartment numbers.

Telephone Number

Provide the telephone number that corresponds to the mailing location.

Section III. Business Ownership And Record Location

Ownership

Please indicate the type of ownership. If you mark "other" please describe. All corporations must provide: State in which incorporated, State Incorporation Number, officers' names and addresses (at least two) and statutory agent information. A Limited Liability Corporation (LLC) must have at least one member. General partnerships must provide the name of the general partner(s).

Owners/Partners/LLC/Members Or Officers

List complete owner/officer/partner information as requested. Include names and titles. P.O. Box numbers are not acceptable for home addresses.

Corporation Name If Different From DBA

The corporation name, if applicable.

Location Where Business Records Are Kept

Complete this section if business records are not kept at the location listed in Section I.

Section IV: Business Type

Describe Nature Of Business

Provide a detailed description of business activity. For example, if retail sales, list type of items to be sold; if construction contracting, list type of contracting, etc. If you are doing construction contracting, please indicate your Contractor's number with Arizona Registrar of Contractors.

Check Method You Will Use To Submit Reports

Check cash receipts if you recognize income and expense based upon the date you receive funds or pay bills. Check accrual method if you recognize income when earned and expense when incurred regardless of when cash is received or disbursed.

Section V: Business Premises Status

Ownership Of Business Location

If your business location is a residence, check "Yes" and complete the enclosed Home Occupational Form. If you answer "No", please indicate whether or not you own your business location. If you do not own your business location, please provide the name of the legal owner or property manager along with their mailing address and telephone number.

Application & License Fees

All applications must include a $25 application fee and a $45 annual license fee. The annual license fee is prorated by quarter. If your business is starting between April 1 and June 30, the fee is $33.75. If your business is starting between July 1 and September 30, the fee is $22.50. If your business is starting between October 1 and December 31, the fee is $11.25.

All applications MUST be signed by either the Sole Owner, All Partners, One Corporate Officer, Trustee, or General Partner.

Application and annual license fees are non-refundable.