

BUSINESS LICENSE APPLICATION
(\$50 license fee per business type and location must accompany application)



OFFICE OF THE CITY CLERK
300 E Superstition Blvd. Ste. C
Apache Junction, AZ 85206
Phone: (480) 474-5070
Fax: (480) 982-8004
Website: www.ajcity.net

IMPORTANT: This application must be approved and a license must be issued before you may lawfully engage in business in the City of Apache Junction. **A separate license is necessary for each business location and for each type of business.**

(Please print legibly or type the information on this application)

TYPE OF LICENSE

TERM OF LICENSE - 12 Months

Business
Non-Profit

New Business to City of Apache Junction
Name Change Only
Other

New Owner of Existing Business
Location Change

OFFICE USE ONLY

Payment (check one)

Cash
Check #
Credit Card

Amount \$ _____
Date: _____
Accepted By: _____
Date to Zoning: _____
License #: _____
Batch #: _____

License Fee: _____
Late Fee: _____
Duplicate Fee: _____
Photo Fee: _____
Badge Fee: _____
Fingerprint Fee: _____
Liquor Permit: _____
SOB Permit: _____
Circus/Carnival: _____
Fortune Teller: _____

SECTION I: BUSINESS INFORMATION

Legal Business Name

Doing Business As (DBA) (Example Rosie's Diner Inc.)

Physical Location of Business (Street, City, State, Zip Code) - do not use a P.O. Box or Route Number
(if business is located within the City of Apache Junction city limits please complete Section VI)

Business Phone Number:

Business Fax Number:

Applicant Email:

Social Security Number (Sole Proprietors) or Federal Employer Identification Number (FEIN) issued by the Internal Revenue Service (IRS)

AZ Sales Tax/TPT# (Issued by the Arizona Department of Revenue for Businesses with taxable activity)

Start Date of Business/Activity in City of Apache Junction

SECTION II: MAILING ADDRESS & PHONE NUMBER

Business Mailing Address (if different from above):

Name and Title of Point of Contact for the Business (Example, owner, manager, accountant, etc.):

Contact Phone Number:

SECTION III: BUSINESS OWNERSHIP & TAX RECORDS LOCATION (check applicable box)

Type of Ownership

Individual/Sole Proprietorship
Partnership
LLC/LLP

Corporation
Sub-Chapter S Corporation
Association

Trust
Joint Venture
Other

Owners, Partners, LLC Members or Officers (For additional names, please attach list)
List owners, principal partners/officers of business with home addresses and telephone numbers

Name (First, MI, Last)	Title	Phone Number
Complete Residential Address	SSN	Percent Owned

Name (First, MI, Last)	Title	Phone Number
Complete Residential Address	SSN	Percent Owned

Name (First, MI, Last)	Title	Phone Number
Complete Residential Address	SSN	Percent Owned

Location of Tax Records (Street Address, City, State and Zip Code) if different from business location

Enter address of where records are kept (example, accountant, home office) if different from business location

Name	Address	Contact Phone Number
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SECTION IV: BUSINESS TYPE (also complete Section VI if business is located in City of Apache Junction)

Describe Nature of Business	AZ Contractors/ROC License Number (if applicable)
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NAICS Code

There is no business license fee for Residential Rental and no application needs to be filled out for Residential Rental only businesses, excluding multi-family.

- | | | | |
|--------------------------|------------------|-----------------------|---------------------|
| Advertising | Amusement | Commercial Rental | Construction |
| Hotel/Motel | Job Printing | Manufactured Building | Manufacturing |
| Personal Property Rental | Property Manager | Publishing | Restaurant/Bar |
| Residential Rental | Retail | Service Only | Speculative Builder |
| Telecommunications | Transporting | Utilities | |
| Other | | | |

Do you sell, store or handle any hazardous materials?

If yes, please attach itemized list showing quantity and attach MSDS sheets for each.

- Yes
- No

SECTION V: BUSINESS PREMISES STATUS (if this business is also a City of Apache Junction residence, Section VII is required)

Do you own your business location?	Is this your residence?	Approximate square footage of business:
Yes	Yes	
No	No	

Landlord or Property Manager Name	Landlord Address
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Do you rent a portion of the business premises to another entity?	Phone Number
Yes	
No	

SECTION VI: FOR ALL BUSINESSES LOCATED WITHIN THE CITY OF APACHE JUNCTION INCLUDING HOME BASED OCCUPATIONS

City of Apache Junction Business Street Address

What is the zoning district where this business is located? Parcel Number

Describe the business as it will be operated in the City of Apache Junction, attach narrative if necessary

A change in Use or Occupancy or existing floor plan or buildings, may require a building permit. Attach a copy of the layout of the proposed floor plan showing furniture, equipment, racks, etc. used in the business. Building Division will contact the applicant, if necessary to schedule a day, date, and time for an inspection.

Provide the planned days and hours of operation.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM - PM						

Provide a description of any outside storage utilized in the business operation, a description of what is stored and where on the property.

Describe any planned signage, dimensions and location (refer to Apache Junction City Code, Volume II Chapter 1 Zoning for specifications and regulations. A sign **may require** a sign permit.

Will there be alcohol sales or distribution? If yes, have you applied with the Arizona Department of Liquor, Licenses and Control for a liquor license?

Yes

No

Please provide the type of liquor license series applied for.

Will there be any detectable odors generated by the business? If so, describe.

Provide information on the frequency of deliveries.

Describe any outdoor business activities (including storage)

SECTION VII: HOME BASED OCCUPATION BUSINESS REQUIREMENTS

If you are applying for the above type of business, please see the additional information on a separate notice.

ALL CITY OF APACHE JUNCTION HOME BASED BUSINESS APPLICATIONS ARE REVIEWED BY THE DEVELOPMENT SERVICES DEPARTMENT. IF APPLICABLE, THEIR APPROVAL IS REQUIRED PRIOR TO THE ISSUANCE OF YOUR LICENSE.

**RETURN THE APPLICATION WITH THE \$50.00 FEE PER BUSINESS ACTIVITY TO THE CITY CLERKS OFFICE.
(Incomplete forms will not be processed.)**

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 will meet any and all legal requirements applicable to the operation of this business as found in federal, state and local laws and ordinances.

Print Name

Title

Today's
Date

Signature

Phone Number

Nature of Business