



TOWN OF WICKENBURG BUSINESS LICENSE APPLICATION

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*** Indicates REQUIRED Information**

License # _____

This application must be **approved before** you can lawfully engage in business in the Town of Wickenburg. A license is necessary for each business location. All businesses must comply with all ordinances/regulations and requirements affecting public peace, health and safety. Application fee is non-refundable and license issued is non-transferable. A new license is required if ownership changes.

* SECTION A – BUSINESS INFORMATION *										
1. Legal Business Name *										
2. Physical Location of Business* (Street Address, City, State, Zip) (Cannot be a PO Box or mailbox store address)										
3. Business Phone Number *										
4. Mailing Address (Address, City, State, Zip)										
5. Email Address *										
6. Company Website Address	7. Number of Employees at Wickenburg location									
8. Name and Title of Point of Contact for the Business *										
9. Point of Contact Phone Number *										
10. Start Date of Business/Activity in Wickenburg *										
11. Corporate Name										
12. Corporate Address (Street Address, City, State, Zip)										
13. Corporate Phone Number										
14. Type of Ownership * <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____										
15. Enter Certificate / License Number(s) AND provide copies of the following items (if applicable to your business type) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="padding: 5px;">Arizona Transaction Privilege Tax (Sales Tax) *</td> <td style="padding: 5px;"><input type="checkbox"/> Copy</td> <td style="padding: 5px;">License #</td> </tr> <tr> <td style="padding: 5px;">County Health Certificate(s) *</td> <td style="padding: 5px;"><input type="checkbox"/> Copy</td> <td style="padding: 5px;">License #</td> </tr> <tr> <td style="padding: 5px;">Liquor License – State of Arizona *</td> <td style="padding: 5px;"><input type="checkbox"/> Copy</td> <td style="padding: 5px;">License #</td> </tr> </tbody> </table>		Arizona Transaction Privilege Tax (Sales Tax) *	<input type="checkbox"/> Copy	License #	County Health Certificate(s) *	<input type="checkbox"/> Copy	License #	Liquor License – State of Arizona *	<input type="checkbox"/> Copy	License #
Arizona Transaction Privilege Tax (Sales Tax) *	<input type="checkbox"/> Copy	License #								
County Health Certificate(s) *	<input type="checkbox"/> Copy	License #								
Liquor License – State of Arizona *	<input type="checkbox"/> Copy	License #								
PLEASE INCLUDE A COPY OF YOUR TRANSACTION PRIVILEGE TAX (TPT) LICENSE. All businesses that are required to collect sales tax must have an Arizona TPT number issued by the AZ Dept. of Revenue.										

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*** SECTION B – NATURE OF BUSINESS OR GOODS SOLD ***
 (Please specify the nature of the business, type of goods sold or specific project) *

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* SECTION C – BUSINESS CATEGORY (Check all that apply) *

<input type="checkbox"/> Bank / Mortgage / Investment	<input type="checkbox"/> Contractor / Builder
<input type="checkbox"/> Door to Door Sales (Complete Section I)	<input type="checkbox"/> Home-Based Operations (Complete Section F)
<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Insurance Services
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Medical Services
<input type="checkbox"/> Mobile Vendors (Complete Section G)	<input type="checkbox"/> Non-Profit (Business License is not required)
<input type="checkbox"/> Ranch	<input type="checkbox"/> Realtor
<input type="checkbox"/> Rental & Leasing (Complete Section H)	<input type="checkbox"/> Restaurant / Bar / Coffee
<input type="checkbox"/> Retail	<input type="checkbox"/> Roping & Rodeo
<input type="checkbox"/> Service	<input type="checkbox"/> Services and Retail
<input type="checkbox"/> Shuttle / Taxi	<input type="checkbox"/> Utilities
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other _____

* SECTION D – TYPE OF LICENSE *

<input type="checkbox"/> New Business License (No Liquor) – January – December - \$50
<input type="checkbox"/> New Business License (Liquor Sales) – January – December - \$100
<input type="checkbox"/> Seasonal Business – October – April - \$50
<input type="checkbox"/> Door-to-Door Sales – Not more than 7 consecutive days per month for door-to-door - \$25 per day
Special Event Business - \$25 for up to four-day event, \$10 for one-day event (Contact Event Coordinator)

SECTION E – CHANGE IN BUSINESS LICENSE

<input type="checkbox"/> Change in Business Address – Complete Section A with new address
<input type="checkbox"/> Change in Business Name – Complete Section A with new name Former Name of Business (If Different) _____
<input type="checkbox"/> Business Acquisition – Date Acquired _____ Former Name of Business (If Different) _____
<input type="checkbox"/> Added Business Activity at Same Location – Complete Sections A-C listing all business activity

SECTION F – HOME-BASED BUSINESS (only if located in the Town of Wickenburg)

I agree to not have any signs at my residence.
I agree to not have employees report to work every day at my home-based business.
I agree that my business will not contribute to additional traffic or cause parking issues within my neighborhood.
I agree not to store anything outside my home for my home-based business.
I agree not to store hazardous materials at my home.
_____ I agree with all the statements above regarding my home-based business and agree to not cause a Initial disturbance in my neighborhood with my business
_____ I certify that I have read and agree to comply with Article 14-4-3C <u>Home Occupation</u> from the Wickenburg Initial Town Code.

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SECTION G – MOBILE VENDORS (MUST provide copies of ALL of the following documents)	
<input type="checkbox"/> County Health Inspection (If food vendor)	<input type="checkbox"/> Driver's License of Driver
<input type="checkbox"/> License Plate No. _____	<input type="checkbox"/> Fire Inspection within preceding 12 months
<input type="checkbox"/> Photograph of Mobile Sales Unit	<input type="checkbox"/> Certificate of Liability Insurance (If on Town Property)
<input type="checkbox"/> Letter from private property owner for permission to operate on their property or permit/agreement from the Town if on town property including streets, parks, parking spaces and right-of-way.	
_____ Initial	I certify that the applicant or controlling person has not been convicted of a felony or misdemeanor other than minor traffic in the last five years.
_____ Initial	I certify that I have read and agree to comply with Article 9-4 <u>Mobile Merchants</u> from the Wickenburg Town Code.

SECTION H – RENTAL PROPERTY / PROPERTY MANAGEMENT (List all Rental Properties in the Town of Wickenburg)	
Property Address in Wickenburg	Description (i.e. single family, multi-family, commercial)

SECTION I – DOOR TO DOOR SALES			
The Sponsoring Business must provide a signed letter detailing the proposed activity (i.e. advertising, sales, soliciting, etc.) with this business license application. All persons selling in Town must keep a copy of the signed letter and the business license with them at all times that they are selling.			
Please list the times and dates for sales:			
Please list the information below for each person who will be on the streets selling (attach additional sheets if needed) and include a copy of their driver's licenses.			
Name	Date of Birth	Phone Number	Driver's License #
Residential Address (Street, City, State and Zip)			
List any felony / misdemeanor convictions, date of conviction & grounds for such convictions (exclude minor traffic).			
Name	Date of Birth	Phone Number	Driver's License #
Residential Address (Street, City, State and Zip)			
List any felony / misdemeanor convictions, date of conviction & grounds for such convictions (exclude minor traffic).			
Please list the information below for all vehicles being used in Town for this business.			
License Plate Number	State of License Plate	Make, Model and Color of Vehicle	

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SECTION J – SPECIAL EVENTS

The Sponsors / Promotors of an event must provide a list that includes their name, event name, dates of the event, each vendor's name, vendor's company name, vendor's TPT license number, vendors address and vendor's telephone number. Vendor's can apply for an annual or seasonal business license or they can pay the sponsor of the event \$25 for each event up to 4 days or \$10 for each one-day event. The sponsor/promotor is responsible for providing the information to the Town and the Dept. of Revenue at licensecompliance@azdor.gov.

* SECTION K – LICENSE ELIGIBILITY REQUIREMENTS (ARS 41-1080) *

In accordance with ARS 41-1080, individuals must present ONE of the following documents indicating that they are allowed to conduct business in the United States in accordance with federal law:

AZ Driver's License or ID License issued after 1996 or any state's driver's license that is REAL ID compliant.	Paperwork showing Corporation or LLC is in good standing with the Arizona Corporation Commission.
Driver's license issued by a state that verifies lawful presence in the United States. Does not include CA, CO, CT, DE, HI, IL, MD, NM, NV, NY, OR, UT, VT, WA	A birth certificate or delayed birth certificate issued in any State, Territory, or possession of the United States
A United States citizenship and immigration services employment authorization document or refugee travel document.	United States Passport or foreign passport with US Visa.
A United States certificate of birth abroad	An I-94 form with a photograph
A US certificate of naturalization or citizenship	A tribal certificate of Indian Blood or affidavit of birth

* SECTION L – APPLICANT SIGNATURE *

Under penalty of perjury, I, the applicant, declare that the information provided on this application and with the attachments is true and correct. I understand that the issuance of a Business License by the Town of Wickenburg does not necessarily mean that my business has complied with County, State and/or Federal requirements which may apply to my business.

Print Name:	Date:
Signature:	Title:

FOR TOWN USE ONLY

<input type="checkbox"/> In-Town Limits	Zoning Approval for In-Town Businesses	Date Zoning Approved
<input type="checkbox"/> Out-of-Town Limits		
Date Issued	Issued By	

Arizona Revised Statute § 9-495 requires in any written communication between a city or town and a person to provide the name, telephone number, and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following:

1. Demands payment of a tax, fee, penalty, fine or assessment;
2. Denies an application for a permit or license that is issued by the city or town; or
3. Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the city or town.

An employee who is authorized and able to provide information about any communication that is described above shall reply within five (5) business days after the city or town receives that communication.

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