



TOLLESON BUSINESS LICENSE APPLICATION

• Building Dept - ATTN: Licensing • 9555 W Van Buren – Tolleson AZ 85353 • Ph (623) 936-7111 • Fax (623) 936-7117

(Please Type or Print Legibly in Ink)

SECTION A – BUSINESS INFORMATION

() Indicates REQUIRED Information*

1. Legal Business Name*

2. Business or DBA (Doing Business As) Name*

3. Physical Location of Business (Street Address, City, State, Zip Code)*

4. Business Phone Number*

(Local): _____

(Out of State): _____

5. Business Fax Number*

(Local): _____

(Out of State): _____

6. Mailing Address

7. Name of Point of Contact for the Business*

8. Point of Contact Phone Number*

9. Start Date of Business/Activity in Tolleson*

10. Will this be open to the public?* YES NO

11. Location of Record for Tax Purposes (Street Address, City, State, Zip Code)*

12. Federal Employer Identification Number*

13. Social Security Number (Sole Proprietors)*

14. Email Address*

15. Type of Ownership*

Individual/Sole Proprietorship

Partnership

Limited Liability Company

Limited Liability Partnership

Corporation

Sub-Chapter S Corporation

Association

Other _____

16. Identification of Owners, Partners, Corporate Officers, Members (or Managing Members):

Name (First, Middle Initial, Last)*	Title	Complete Residential Address*	Phone Number*

17. Enter Certificate/License Number(s) AND provide copies of the following items (if applicable to your business type):

Arizona Transaction Privilege Tax License*	<input type="checkbox"/> Copy	License #:
Arizona Registrar of Contractors License(s)* -- List all issued to the business	<input type="checkbox"/> Copy	License #:
County Health Certificate(s)*	<input type="checkbox"/> Copy	License #:
Any applicable State-issued Professional License(s)*	<input type="checkbox"/> Copy	License #:
Articles of Incorporation/Articles of LLC*	<input type="checkbox"/> Copy	File #:
List of Rental Properties by Address*	<input type="checkbox"/> Copy	(See G-1 Supplement)
Liquor License – State of Arizona	<input type="checkbox"/> Copy	License #:

----- IMPORTANT -----

This application must be approved and receipted before you may lawfully engage in business in the City of Tolleson.

WRITTEN NOTIFICATION IS REQUIRED TO CLOSE A BUSINESS LICENSE ACCOUNT

SECTION B – BUSINESS ACQUISITION INFORMATION (Complete this section if you acquired all or part of an existing business)

1. Date Acquired*

2. Name of Previous Owner(s)*

3. Former Name of Business (if different)*

SECTION C – BUILDING CONSTRUCTION

In the City of Tolleson, are you:

1. Making any changes, modifications or alterations to an existing building/structure? YES NO
2. Building a new structure? YES NO
3. Demolishing/demolition work, earth moving or wrecking activity? YES NO

4. Nature of business and/or products or services to be sold:

5. Project Name: _____ Permit # (if known): _____

Address: _____

SECTION D – BUSINESS CATEGORY

(NOTE: If more than one business, check all that apply and indicate which are primary business functions.)

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Beer/Wine | <input type="checkbox"/> Liquor | <input type="checkbox"/> Coin Operated Machines/Mechanical Amusement |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Alcohol | | <input type="checkbox"/> Door-to-Door Identification |
| <input type="checkbox"/> General Retail | | | <input type="checkbox"/> Sponsor/Promoter |
| <input type="checkbox"/> Contractor (General/Sub-Contractors) | | | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Mobile Vending (Mobile Foodservices) | | | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Rental | | | <input type="checkbox"/> Tattoo/Body Piercing Artist/Establishments |
| <input type="checkbox"/> Property Management | | | <input type="checkbox"/> Massage Establishment |
| <input type="checkbox"/> Service | | | <input type="checkbox"/> Sexually-Oriented Business |
| <input type="checkbox"/> Home-Based Operations | | | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Day Care (Commercial) | <input type="checkbox"/> Day Care (In-Home) | <input type="checkbox"/> Other _____ | |

SECTION E – COIN OPERATED MACHINES / MECHANICAL AMUSEMENT: Article 5-5 City Code

This includes, but is not limited to, coin operated machines such as vending machines, video games, pinball machines, mechanical-grabbing and any coin-operated device or game in which the element of chance predominates over the element of skill of player.

ONE to FIVE GAMES:

Number of Machines _____ @ \$50.00 per machine + \$60.00 License Fee = \$ _____

GAME CENTERS – SIX OR MORE GAMES:

Number of Machines _____ @ \$350.00 per machine + \$60.00 License Fee = \$ _____

SECTION F – MOBILE VENDORS (MUST provide copies of ALL of the following documents):

- | | |
|--|--|
| <input type="checkbox"/> State Transaction Privilege License (TPT License) issued by the Arizona Department of Revenue | |
| <input type="checkbox"/> Maricopa County Health Inspection | <input type="checkbox"/> Vehicle Registration |
| <input type="checkbox"/> Maricopa County Health Certificate/Permit | <input type="checkbox"/> Vehicle Insurance Card/Policy |
| <input type="checkbox"/> Certificate of Liability Insurance for the Business | List License Plate Number(s): _____ |

SECTION G – LANDLORD INFORMATION (complete this section if renting property in the City of Tolleson)

Landlord's Name*

Landlord's Address*

Landlord's Telephone Number*

SECTION G-1 SUPPLEMENT – RENTAL PROPERTY / PROPERTY MANAGEMENT

List ALL Rental Property in Arizona – include Street Address and Zip Code:

Total Number of Units in Tolleson* _____ Total Number of Units in Arizona* _____

Description of rental property (i.e., single family/multi-family/commercial/industrial):

SECTION H – DOOR-TO-DOOR SOLICITORS (se additional sheets if needed)

Name	Date of Birth	Phone Number
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Residential Address (Street, City, State and Zip Code):

IF 18 YEARS OR OLDER: List any felony and misdemeanor convictions, date of conviction and grounds of such convictions. Please exclude those for minor traffic offenses.

IMPORTANT: *The Sponsoring Business must provide a signed letter detailing the proposed activity (i.e., advertising, sales, soliciting, etc.), along with a copy of the current City business license. If working for multiple entities, a letter and license copy is required from each entity.*

SECTION I – SPECIAL EVENTS

The Sponsors/Promoters of an event must provide a list that includes their name, their City of Tolleson license number, the event name, location of the event, the dates of the event, each vendor's name, vendor type of ownership, vendor type of business, vendor's City of Tolleson license number (if applicable), vendor's TPT license number (if applicable), vendor's Department of Health permit number (if applicable), and a description of the goods/services to be provided by the vendor at said event.

SECTION J – APPLICANT SIGNATURE (NOTE: This form MUST be signed by a representative of the business)

Under penalty of perjury, I, the applicant, declare that the information provided on this application is true and correct. This authority is to remain in full force and effect until the City of Tolleson has received written termination notification.

Type or Print Name*	Date*
Signature*	Title*

FOR OFFICIAL USE ONLY – BUSINESS LICENSE APPLICATION STATUS

APPROVED
 DENIED
 BY: _____
 DATE : _____
 COT LIC #: _____

LICENSING ELEGIBILITY REQUIREMENT (ARS § 41-1080)

In accordance with ARZ 41-1080, effective October 1, 2008, individuals submitting a license application must present one of the following documents:

<input type="checkbox"/>	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
<input type="checkbox"/>	A driver license issued by a state that verifies lawful presence in the United States.
<input type="checkbox"/>	A birth certificate or delayed birth certificate issued by any state, territory or possession of the United States.
<input type="checkbox"/>	A United States certificate of birth abroad.
<input type="checkbox"/>	A United States passport.
<input type="checkbox"/>	A foreign passport with a United States visa.
<input type="checkbox"/>	An I-94 form with a photograph.
<input type="checkbox"/>	A United States citizenship and immigration services employment authorization document or refugee travel document.
<input type="checkbox"/>	A United States certificate of naturalization.
<input type="checkbox"/>	A United States certificate of citizenship.
<input type="checkbox"/>	A tribal certificate of Indian blood.
<input type="checkbox"/>	A tribal or Bureau of Indian Affairs affidavit of birth.

This requirement does not apply to an individual if both of the follow apply:

<input type="checkbox"/>	The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
<input type="checkbox"/>	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.

SECTION J-1 APPLICANT SIGNATURE (NOTE: This form MUST be signed by a representative of the business)

By completing and signing this form, applicant shall attest that it meets all conditions contained herein. Failure to complete and/or falsification of any information provided herein shall subject the applicant to revocation of the business license.

I hereby attest that this application complies with the Federal Immigration and Nationality Act (FINA), all other federal immigration laws and regulations, and A.R.S. §23-214 related to the immigration status of its employees.

Name of Business*	Signature*
Date*	Type or Print Name*

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<input type="checkbox"/> AFFIRMED BY CITY OF TOLLESON	AUTHORIZED SIGNATURE: _____	DATE: _____
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