

BUSINESS LICENSE APPLICATION

*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 State is authorized under federal law. **** Initial in 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's license issued by a state that verifies lawful presence in the United States (see overview of States' Drivers' license requirements)
	A birth certificate or delayed birth certificate issued by 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 of refuge 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** 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



Town of Springerville
418 E Main St. Springerville, AZ 85938
928-333-2656 | hwink@springervilleaz.gov

License No.: _____
Staff: _____

BUSINESS LICENSE APPLICATION

- ☐ New Business *New business' need
Certificate of Occupancy*
- ☐ New Owner of Existing Business

Changes to Business (if applicable):
Name _____ Date: _____
Location _____ State _____ Zip Code _____

APPLICANT INFORMATION

Name of applicant(s): _____ Mailing Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number(s): _____

Property Owner: _____

BUSINESS INFORMATION

Name of Business: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____
Business Telephone(s): _____ Zoning Classification: _____
_____ Email: _____
Nature of Business: _____ Is the business location your residence: _____
Arizona Transaction Privilege (Sales) Tax ID [attach copy]: _____
Type of Business: ☐ Retail ☐ Restaurant ☐ Taxi/Shuttle ☐ Home Occupation ☐ Hotel/Motel
☐ Rental of Tangible Property ☐ Amusements ☐ Construction/Contracting ☐ Other _____

BUSINESS OWNERSHIP

Ownership: ☐ Individual ☐ LLC ☐ Corporation ☐ General Partnership ☐ Sole Proprietor
☐ S Corp ☐ Non-Profit ☐ Other _____

Officers/Owners: _____ If corporation or LLC, must be registered with the Arizona Corporation Commission
Name, date of birth, social security number _____ Name, date of birth, social security number _____
Name, date of birth, social security number _____ Name, date of birth, social security number _____

Fee: \$ _____ 01—4007

Received by: _____

Date: _____

APPROVALS

Finance Dept: _____ Planning/Zoning: _____ Fire Department: _____
Approved by: _____ Approved by: _____ Approved by: _____
Date: _____ Date: _____ Date: _____

Arizona Department of Revenue: 1-800-843-7196

www.aztaxes.gov Transactions Privilege Tax (TPT) "sales tax"

www.azdor.gov Business Forms, Transactions Privilege Tax (TPT) "sales tax"