



BUSINESS LICENSE APPLICATION

(Application fee and Annual license fees do apply)

THIS APPLICATION MUST BE FILED BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF GILA BEND

SECTION I. APPLICANT INFORMATION

Name	Date of birth	Phone No.
Address	City	State Zip Code
Employer Address	City	State Zip Code

Please list the most recent counties, cities or towns, if any, where you carried on business immediately preceding the date of the application and the address from which such business was conducted in those municipalities.

Have you even been convicted of a crime, misdemeanor (except minor traffic violations) or violation of any municipal laws? () No () Yes
If yes, please explain:

SECTION II. BUSINESS INFORMATION

Business Name	Name of entity with controlling interest if different
Address	City State Zip Code
Business Telephone No.	State License # Federal ID #

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership: () Individual () LLC () Corp. - State Inc. () Gen. Partnership () Ltd. Partnership () Other

Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	1)	Name	Title
		Home Address	City State Zip Code
		Phone No.	Date of Birth Social Security #
	2)	Name	Title
	Home Address	City State Zip Code	
	Phone No.	Date of Birth Social Security #	

Corporate or LLC Statutory Agent	Name	Phone No.
Location Where Business Records Are Kept	Name	Phone No.
	Address	City State Zip Code

SECTION IV. BUSINESS TYPE

Business Type	() Retail Sales () Wholesaler () Amusement () Construction Contracting () Restaurant/Bar () Manufacturer () Commercial Rental () Residential Rental (# of Units) () Hotel/ Motel () Other
Describe Nature of Business	No. of Contractors
Check method you will use in submitting reports: () Cash Receipts () Accrual	No. of Employees
Length of time for which the right to do business is desired:	
If a vehicle is to be used: Make: Model: License Plate #:	

SECTION V. BUSINESS PREMISES STATUS

Check one:	Do you own your business location? () Yes () No	If yes, is this your residence? () Yes () No
	If no, complete Landlord/ Property Manager Information	
Landlord/ Property Manager: Name	Address	Phone No.
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. Incomplete forms may not be processed.

Print Name	Signature	Title	Date
------------	-----------	-------	------

FOR OFFICE USE ONLY

App. Fee	License Fee	License #	SIC Code	Business Class	Comments:
A recent photograph of the applicant must be attached			The names of at least two reliable property owners of the city who will certify as to the applicant's credibility.		
Planning & Zoning Review			Public Safety (Police/Fire) Review		Building Safety Review