



BUSINESS LICENSE APPLICATION

CITY OF BULLHEAD CITY
 Location: 2355 Trane Road
 Mail to: P.O. Box 23189
 Bullhead City, AZ 86439-3189

(928) 763-0110 - Fax (928) 763-8828 - E-mail cgardner@bullheadcity.com

EACH SECTION OF THIS APPLICATION MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED.

Check One: <input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business			Former Owner (If Applicable):	Application Date:	For Office Use Only	
For Changes To Existing Licenses: <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change <input type="checkbox"/> Change Corporate Officers			Current City License#:	Start Date:	License Type: <input type="checkbox"/> TPT <input type="checkbox"/> OBL	
Date of Change:					Application & License Fee	
SECTION I: BUSINESS LOCATION INFORMATION						License #
Business Name:					Approvals	
Street Address: Suite or Apt. #					Finance Department	
City:		State:	Zip	Business Telephone #:	A D	
E-Mail Address:				Business Fax #	Building Department	
SECTION II: MAILING ADDRESS						A D
Enter name if Different From Section I (above) or Enter "In-Care-of" Name:						Fire Department
Address						A D
City		State	Zip			Health Department
						A D
SECTION III: BUSINESS OWNERSHIP & RECORD LOCATION						Police Department
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. <input type="checkbox"/> Gen Partnership <input type="checkbox"/> S Corp. <input type="checkbox"/> Other/Non-Profit If LLC do you file with IRS as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation If Corporation or LLC, it must be registered with the Arizona Corporation Commission unless exempt.						A D
Contact person or owner		Name:		Day Time Phone #:	Night Phone #:	
Corporation or LLC if different than DBA						
Corporate or LLC Statutory Agent	Name and Address:				Phone #:	
SECTION IV: BUSINESS TYPE						
Business Type	<input type="checkbox"/> Retail-New Products Only	<input type="checkbox"/> Amusements	<input type="checkbox"/> Other/Services	<input type="checkbox"/> Construction Contracting	Roc#	
	<input type="checkbox"/> Restaurants/Bars	<input type="checkbox"/> Taxi	<input type="checkbox"/> Wholesaler			
	<input type="checkbox"/> Rental of Tangible Personal Property	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Home Occupation			
Describe in detail business activity:						
SECTION V: BUSINESS PREMISES STATUS						
CHECK ONE:		Is your business location your residence?				
<input type="checkbox"/> In City		Do you rent/lease commercial property from another?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Out of City		If yes to either of these, please complete the Landlord/Property Information.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Landlord/Property Manager Name:			Address:	Phone #:		
		Do you rent a portion of the business premises to another entity?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please list the name and telephone of the other entity:						

Indicate reporting status for filing State and City Transaction Privilege (Sales) Tax Returns:
 Monthly Quarterly Annually

Number of employees:

Give a listing of all locations where the business has operated or where the applicant has operated a business during the last five years: (If not applicable, please write N/A.)
