

Official use only Date: _____ license no. _____ control # _____
 FEE _____ LIQUOR FEE _____ ADDITIONAL FEE _____ TOTAL _____
 Paid date _____ amt. _____ ck # _____ rec. # _____
 CODE _____ CLASSIFICATION _____ RESTRICTIONS _____



Town of Parker

P.O. BOX 610, PARKER, AZ 85344
 (928) 669-9265/ FAX (928) 669-5247

APPLICATION FOR BUSINESS LICENSE

PLEASE NOTE: This Is Only An Application, Not A Permit To Conduct Business
APPLICATION MUST BE FULLY COMPLETED.

This application must be filed and approved before you can lawfully engage in business of businesses in the Town of Parker. A separate license is necessary for each business location. The license is non-transferable from owner to owner, of location to location, and shall be valid until revoked by the Town of Parker, subject to the payment of annual fees. The information provided herein is a public record that may be disclosed by the Town of Parker.

BUSINESS NAME _____

BUSINESS ADDRESS _____ ZIP _____

DATE OPENED _____ LOT _____ BLOCK _____ ZONE _____

TELEPHONE () _____ EMERGENCY PHONE () _____

MAILING ADDRESS _____ ZIP _____

OWNERSHIP TYPE: SOLE PARTNERSHIP CORPORATION LIMITED CORPORATION

ADDRESS WHERE FINANCIAL RECORDS ARE KEPT:

_____ ZIP _____

FEDERAL TAX ID # _____ OWNER'S S.S.N. _____

AZ STATE SALES TAX # _____ AZ STATE LICENSE # _____

LIQUOR LICENSE # _____ SERIES _____ DATE GRANTED _____

OWNER'S NAME _____ HOME PHONE () _____

OWNER'S HOME ADDRESS _____ ZIP _____

MANAGER/PARTNER'S NAME _____ HOME PHONE () _____

MANAGER/PARTNER'S HOME ADDRESS _____ ZIP _____

IS YOUR PRIMARY BUSINESS: WHOLESALE RETAIL SERVICE OTHER

CORPORATE OFFICE ADDRESS _____ ZIP _____

IF YOU HAVE RECENTLY PURCHASED THIS BUSINESS,

PLEASE GIVE FORMER OWNER'S NAME _____

Describe Fully the Type of Business You Will Be Conducting: _____

#2 _____

#3 _____

IF YOU WILL BE CONDUCTING MORE THAN ONE BUSINESS FROM THE SAME LOCATION IN THE TOWN OF PARKER, PLEASE COMPLETE THE FOLLOWING:

BUSINESS NAME #2 _____

TYPE OF BUSINESS _____

WHOLESALE () RETAIL () SERVICE ()

BUSINESS NAME #3 _____

TYPE OF BUSINESS _____

WHOLESALE () RETAIL () SERVICE ()

If you have recently purchased this business, be sure the occupational license has been kept current by the former owner/owners. Under the law, you may be liable for any unpaid license fees.

AS APPLICANT, I HEREBY CERTIFY THAT THE STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE & TITLE _____

ADDRESS _____ ZIP _____

TELEPHONE () _____ E-MAIL _____

OFFICIAL USE ONLY

RECOMMEND APPROVAL: YES () NO ()

BY; Town Manager/Economic Dev. Dir. _____

DATE: _____ COMMENTS _____

APPROVED YES () NO ()

TOWN CLERK _____