



**Town of Parker**  
 1314 - 11<sup>th</sup> St Parker, AZ 85344  
 PH 928-669-9265 Fax 928-669-5247

**APPLICATION FOR BUSINESS LICENSE**

**PLEASE NOTE: This Is Only An Application, NOT A Permit To Conduct Business**

This application must be filed and approved before you can lawfully engage in business, or 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.

APN #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ DATE OPENED: \_\_\_\_\_

BUSINESS SITE ADDRESS: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNERSHIP TYPE:  SOLE  PARTNERSHIP  CORPORATION  LIMITED CORPORATION

ADDRESS WHERE FINANCIAL RECORDS ARE KEPT: \_\_\_\_\_

FEDERAL TAX ID or S.S.N. # \_\_\_\_\_ AZ STATE SALES TAX # \_\_\_\_\_

AZ STATE LICENSE #: \_\_\_\_\_ LIQUOR LICENSE APPLIED FOR?:  Y  N \_\_\_\_\_

DESCRIBE TYPE OF BUSINESS: \_\_\_\_\_  WHOLESALE  RETAIL  SERVICE

OWNER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

MANAGER/PARTNER NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

IF YOU HAVE RECENTLY PURCHASED THIS BUSINESS, PLEASE GIVE FORMER OWNER'S NAME: \_\_\_\_\_

\*\*\*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.

IF YOU WILL BE CONDUCTING MORE THAN ONE BUSINESS FROM **THIS SAME LOCATION**, PLEASE COMPLETE THE FOLLOWING:

BUSINESS NAME #2: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

As Applicant, I hereby certify that the statements herein contained are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



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Licensing Eligibility Requirement per ARS 41-1080

**Return the Original Of This Form With A Copy Of Your Identification  
To The Address Above**

\*\*\*\*\*

Name	Last	First	Middle	Phone #

Business Address	Mailing Address (if different)

On May 1, 2008, Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a "licensing eligibility" section (Arizona Revised Statutes 41-1080) preventing any licensing agency in the state of Arizona from issuing a new license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law.

To become eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address above. Provide only **ONE** of the following forms of Identification (mark an "X" next to the one you are submitting):

- An Arizona drivers license issued after 1996 or an Arizona non-operating identification license.
- A drivers license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NX, TX, UT, and WA are not acceptable.)
- A birth certificate or delayed birth certificate issued in any state, territory or possession of the U.S.
- 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 or refugee 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.

By my signature below, I hereby certify, under penalty of perjury, that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

_____	_____
Full Signature of Licensee	Date

Recommended Approval: YES ( ) NO ( )	Zoning Compliance: YES ( ) NO ( )
By _____	Comments: _____
Date: _____	_____