



Finance Department
76 Erie Street • Bisbee, Arizona 85603 FAX
(520) 432-6069 • Phone (520) 432-6007
Email: mguerrero@bisbeeaz.gov

Business License Application

Name of Business: _____ Date: _____

Doing business as/with: _____

Telephone Number(s): _____

AZ State License (Sales Tax) # _____ EIN/Federal Tax ID #: _____

If exempt from AZ State License state reason: _____

Business Location: _____

*Mailing Address: _____

P.O. Box, Street Address, Apt. # Etc.

City, State & Zip Code

Primary Contact Email address: _____

*Please note the mailing address where you would like to receive future mailings from the City including the business license certificate to conduct business.

Business Owner/Owners: _____

Home Address: _____ Phone: _____

Manager's Name: _____

Home Address: _____ Phone: _____

Type of Ownership: Corporation Sole Proprietor Partnership LLC Other

For Corporations, list state of incorporation and date: _____

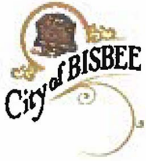
Name and address of property owner of business location if other than business owner: _____

Description of business (Include type of merchandise or services sold, number of rental units if renting residential or lodging space and number of persons working over 20 hours per week at this location. If selling alcoholic beverages, state what type and whether consumed on or off site.):

Is a sign going to be displayed? _____ Is this business in the historic district? _____

Number of Employees: _____

The business license fee will be calculated after any applicable inspections are completed.



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Terms and conditions for a City of Bisbee Business License:

1. This application must be completed and the fees paid before I can lawfully engage in any type of business.
2. A separate Business License is required for each business location.
3. Written notification of any changes or cancellation of this application must be made immediately to the Finance Office. Without written notification of cancellation, billing will continue and the applicant will be liable for any expenses incurred by the City.
4. This license is NON-TRANSFERABLE. It shall be valid until revoked by the City Treasurer and or the Business License Inspector. This license is subject to revocation for the failure to pay the annual fees.
5. The applicable fee must be paid in full.
6. For businesses that are initiated after the first of the year, the annual fee shall be prorated on a monthly basis.
7. The application for the State Sales Tax Number for the location described must be submitted within ten (10) working days of the approval of this application if not already received.
8. A separate sign permit is required for any signage for a business. Permits are available at the Planning and Zoning Office.
9. A 10% late charge is assessed for failure to pay fees when they are due.
10. I understand that the failure to pay fees owed to the City of Bisbee when due is cause for the revocation of a business license. I also understand that it is unlawful to operate a business without a license, and that each day of operation without a license constitutes a separate violation. Violators may be subject to criminal prosecution or civil fines.
11. I understand that my being licensed is contingent on passing Zoning, Fire, Building and other applicable inspections.

I hereby certify under penalty of perjury that the statements made herein are true and complete. I agree to comply with the terms and conditions of this license.

Signature (Required)

Date

Finance use only

Approval	Disapproval	Department	Initial(s)	Date
		Health Department		
		Planning and Zoning Department		
		Fire Department		
		Building Inspection Department		
		Police Department		
		Finance Department		

Comments: _____



Short-Term Vacation Rental Contact Information

Name of person providing information: _____

Complete physical address of Short-Term Vacation Rental: _____

Name of property owner(s) registered with the County Assessor:

Mailing address of property Owner(s): _____

Rooms _____ Maximum Occupancy _____

Smoke Detectors? Yes No CM Detectors? Yes No

Has this property been registered with County Assessor as a Rental Property? Yes No

Contact Information for Owner/Owner's Designee for Responding to Complaints

Full Name: _____ Type: Owner Owner's Designee

Mailing Address: _____

24 Hour Phone Number: _____ Alternate Number: _____

E-Mail Address: _____

Designated Emergency Contact Information for Owner

Check if same as above

Full Name: _____ Type: Owner Owner's Designee

Mailing Address: _____

Emergency Phone Number: _____ Alternate Number: _____

Email Address: _____