



City of Tombstone

P.O. Box 339 613 E. Allen Street
Tombstone, AZ 85638

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BUSINESS LICENSE APPLICATION

Check one - NEW BUSINESS__ RENEWAL__ UPDATE__

➤ BUSINESS INFORMATION

Name of Business: _____

Doing Business As (DBA): _____

Business Location (Physical Address)_____

Mailing Address: _____

City, State, Zip:_____

Business Phone #: _____ Fax #: _____

Email: _____

Business Description:_____

Arizona Sales Tax # (Please provide copy): _____

EIN#_____

Health Permit ID # If applicable (Please provide copy): _____

Liquor License # If applicable (Please provide copy):_____

Contractor's License # If applicable (Please provide copy): _____

Contractor Type: _____

If Contractor, is your company bonded? _____ Yes _____ No

Name of Bonding Company:_____

Mailing Address:_____

City, State, Zip: _____ Phone #_____

If your business address is within the City of Tombstone, you must provide proof of legal occupancy. Please enclose a copy of **one** of the following:

Title or Deed _____

Property tax payment record (with physical address) _____

Lease or Rental Agreement _____

Utility Billing Record for the Business Address _____

➤ **BUSINESS OWNER INFORMATION**

(Please enter names of Owners, Partners, or Corporate Officers below.)

You must provide a photo I.D. (front and back) for any owners listed below

	OWNER 1	OWNER 2	OWNER 3
Name			
Title			
Mailing Address			
City, State, Zip			
Dr. Lic. #/State			
Date of Birth			
Phone #			

➤ **BUSINESS MANAGER INFORMATION**

*Manager's Name 1: _____

Phone Number: _____

*Manager's Name 2: _____

Phone Number: _____

PLEASE CHECK ONE:

- _____ Mail your Business License
- _____ Pick up License at City Hall

➤ **AFFIRMATION:**

I affirm that the above statements are true and correct, the licenses and permits are current and up to date and that the license renewal or initial application herein applied for is to cover only the business indicated above and the location above set forth.

I further affirm that state, county and city taxes for the above named business are either current or repayment arrangements have been made with the appropriate authority.

I further affirm that in the event that per Ordinance # 2011-10 if I fail to remain current or fail to maintain the status of the above permits and conditions will result in revocation of the City Business License. Reinstatement shall require approval of Mayor and Council.

Applicant Signature: _____ **Date:** _____

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OFFICIAL USE ONLY

License Fee: \$ _____

Receipt #: _____

Date Paid: _____

License #: _____

Payment Method: _____

City Staff Initials: _____