****** PLEASE FILL OUT FORM COMPLETELY. ***DO NOT LEAVE ANY BLANKS*** ******

CITY OF ELOY
BUSINESS LICENSE APPLICATION
595 North C Street, Suite #103
Eloy, Arizona 85131
Phone: 520.464.3401 Fax: 520.466.3760

TPT #: _____
Transaction Privilege Tax (TPT) Number:

_____
Register of Contractor # (ROC) (if applicable)

Mobile Vendor: ☐ Yes ☐ No
If Yes, see additional Mobile Vendor Requirements on pages 2 and 6

PLEASE TYPE OR PRINT LEGIBLY:

Will / Is the business located in the City of Eloy: ☐ Yes ☐ No

Assessor's Parcel No. (APN) of property if located in the City of Eloy: _____
(City Limits Only - License will not be issued without an APN, (not applicable for mobile vending operating in a street)

Business Name: _____ Doing Business As (DBA) ☐ Yes ☐ No

Business address: _____ City/State/Zip: _____

Business Telephone: _____ Fax: _____ Email: _____

Date Business Began: _____

Classification (check type of business): Individual: ☐ Partnership: ☐ Corporation: ☐

Is the property location of the Business owned by the Business: ☐ Yes ☐ No

- If no, give the name and address of the Property Owner: _____

_____

Previous Business Owner Name (if applicable): _____

Previous Business of Property Use (if known): _____

Are you proposing new additions/changes to the Structure: ☐ Yes ☐ No

Initial	
_____	**I Understand** that the issuance of a Business License by the City of Eloy does not necessarily mean that my business has complied with County, State, and Federal requirements that may apply to my business.
_____	**I Certify** that the information contained on this application is true and correct to the best of my knowledge.

_____ _____
Signature Date:

FOR OFFICE USE ONLY

Fees Paid: ☐ Yes ☐ No Business Name Change Fee: $

Date paid:_____ Check #:_____ Cash: $_____ Annual: $_____ Prorated: $_____

DEPARTMENT	INITIALS	APPROVED	APPROVED W/ CONDITIONS	DENIED
C.D. DIRECTOR				
FINANCE DIRECTOR				
FIRE DISTRICT				
POLICE CHIEF				
P.W. DIRECTOR				

Date received by Finance Department: _____

City of Eloy
Community Development
Phone: Phone: 520.466.2578
595 North C Street, Suite #102
Eloy, Arizona 85131

Business License Application

Community Development

Zoning Questionnaire

The following information shall be provided in order to determine whether the proposed business license use is allowed on the property:

1. Will the license be used for a **Mobile Vendor**? ☐ Yes ☐ No. If yes, complete 1.a. and 1.b. below.

   1.a. Will the **Mobile Vendor** operate on a public street? ☐ Yes ☐ No

   - If yes, please specify the street location(s) where the **Mobile Vendor** will be operating below. Please specify the street and cross-street location(s):

   _____

   _____

   _____

   - ***Advisory.*** The use of the public street right-of-way by a **Mobile Vendor** is limited to areas zoned a Commercial (C-1 or C-2), Mixed-Use District (MU), and Industrial district (I-1 or I-2). A **Mobile Vendor** operating in one of the aforementioned zones, shall not operate within 250 feet of an area zoned for residential use. The only exception to the requirement is a **Mobile Vendor** selling only ice cream; this type of **Mobile Vendor** may operate on public street rights-of-way in areas zoned for residential use.

   1.b. Will the **Mobile Vendor** be on private or City of Eloy property (not a street)? ☐ Yes ☐ No

   - If yes, please specify the Planning and Zoning case number of the approved Conditional Use Permit (CUP) for a **Mobile Vendor** use on private or City of Eloy property that will be used. CUP Case No: _____
   - If yes, please submit a copy of the CUP approval letter. A copy of the approval letter may be obtained from the City of Eloy's Community Development department.
   - If yes, and the property does not have an approved Conditional Use Permit (CUP) for a **Mobile Vendor**, please contact the City of Eloy's Community Development department to submit a pre-application and a subsequent CUP application. *The CUP must be approved by the City Council before the business license may be submitted on a private or City of Eloy property.*

2. Business Type: _____

Please describe in detail what type of work will be done at the Business address specified on the application: _____

_____

_____

_____

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Finance
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Finance

Business License Information

Name of Business Owner/Operator[1]: _____

Home Address:

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Social Security: _____ Date of Birth: _____

Driver's License #: _____ State of Issuance: _____

Height: _____ Weight: _____ Hair Color: _____ Eyes Color: _____

Emergency Contact During Non-Business Hours:

Contact's Name: _____ Contact's Telephone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Note(s):

1. *All applicant(s) is/are subject to a criminal history background check. Please refer to Section 12-11 of the Eloy Code.*

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Licensing Eligibility Requirement Form (ARS § 41-1080)

Effective October 1, 2008, a new law went into effect preventing the City from issuing a license (either new or renewed) to an individual unless the individual has provided the City of Eloy with one of the forms of identification listed below. If your business is incorporated, provide a certificate of good standing.

To become or remain eligible for a license, complete this form and present one of the forms of identification as
listed below to the City of Eloy's Finance Department for processing. Please indicate which form is presented.

	An Arizona driver's license issued after 1996 or an Arizona non-operating identification
	A driver's license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NM, TX, UT and WA are not acceptable.)
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	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 or Bureau of Indian Affairs affidavit of birth.
	Corporate certificate of good standing

By my signature below, I hereby certify, under penalty of perjury, that I am legally authorized to be present in the United States.

Print the full name of the licensee	Signature of full name of the licensee	Date:

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Additional Mandatory Information

for Mobile Vendors

Is this Business License Application for a Mobile Vendor? ☐ Yes ☐ No If yes, provide the following:

1. Copy of Vehicle Registration: Is a copy attached? ☐ Yes ☐ No
2. Copy of Pinal County Health Certificate: Is a copy attached? ☐ Yes ☐ No
3. Copy of Driver's License: Is a copy attached? ☐ Yes ☐ No
4. Copy of a notarized property owner authorization for: is a copy attached? ☐ Yes ☐ No
5. Copy of Company Identification Card: If applicable, is a copy attached – ☐ Yes ☐ No
6. Please state all convictions of any crime, misdemeanor (except minor traffic violations), and violation of municipal code laws, the nature of the offense and punishment or penalty below:

Arizona Department of Revenue

FACT SHEET

Transaction Privilege Tax — Setup Your AZTaxes.gov Account

Revised on August 2018

www.azdor.gov

1 Register An Account:

1. Click on "Enroll to File and Pay Online" under Businesses.
2. Read the information listed on the User Account Registration Welcome page and click "Continue".
3. Complete the required fields annotated with a red asterisk.
4. Read the Terms of Use policy and check the acceptance box.
5. Click "Register".
6. You will receive two emails from noreply@azdor.gov. The first email will contain your username, and the second will provide a temporary password. If you do not find these emails in your inbox, please check your spam folder. This password expires after 24 hours. If you cannot locate either or both of these emails, please call the Arizona Department of Revenue toll-free at 800-352-4090 weekdays only between 8 a.m. and 5 p.m. (M.S.T.)

2 Setup Your E-Signature PIN:

1. Log into AZTaxes.gov using the username and temporary password provided in the email.
2. Change your temporary password to a password of your choice. The password must contain at least one number, one letter, one special character (!, @, #, $, %, &, *,or ?) and must be 8 to 16 characters long.
3. After logging in using your personal password, you will be asked to answer four security questions. Make sure you remember your answers or write them down as you will not be able to recall them at a later date. Then click on "Submit Answers".
4. Create a self-selected E-Signature personal identification number (PIN.) Your PIN is required to electronically sign your applications and/or returns. Your PIN must be 6 to 10 digits.
5. Read the Terms of Use policy and check the acceptance box. Then click on "Save E-Signature PIN".

3 Link Your Accounts:

1. Log into AZTaxes.gov using your username and password.
2. If already have a TPT license or witholding number, click on "Link Accounts".
3. Read the information on the Business Account Linking Welcome page.
4. Check the box verifying that you have the required information, then click "Continue".
5. **Was there a payment made in the last 12 months?**
6. If **NO**, then:
   a. Complete the required fields annotated with a red asterisk.
   b. Check the box verifying that you are not a robot, then click "Save & Continue".
   c. Enter your E-signature PIN in the required field.
   d. Click "Submit".
   e. Keep a copy of the confirmation for your records and click "Finished".

If **YES**, then:

a. Complete the required fields annotated with a red asterisk.
b. Select "Yes" to the last question.
c. Check the box verifying that you are not a robot, then click "Save & Continue".
d. Select the "Year" and "Month" your payment was applied to; not when you made the payment.
e. Select the type of tax from the tax type drop down menu.
f. If you selected tax type "Transaction Privilege Tax," enter the TPT license number.
g. Enter the exact amount of payment for the period used in step (d) above. Click "Save & Continue".
h. Enter your E-signature PIN in the required field. Click "Submit".
i. Keep a copy of the confirmation for your records and click "Finished".