Print Form

120 W 6th St
P.O. Box 2223
Benson, AZ 85602
520-586-2245
Fax 520-586-0630

Business/Solicitor License Application

Business Information

Business Name _____

Physical Location _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Other Licensing Requirements

State Tax No: _____ Contractors License No: _____

Liquor License No: _____ Other _____

Certificate of Health or Sanitary Examination Yes _____ No _____

Business Type, Status Information

Business Type: Retailer _____ Wholesaler _____ Service _____

Rental _____ Manufacturer _____ Contractor _____

If Residental Rental Number of Units _____ Number of Employees _____

Check One: Change of Ownership _____ New Business _____

If Applicable Name of Former Business Owner _____

Nature of Business _____

Product(s) to be Sold/Manufactured _____

Hazardous Materials Yes _____ No_____ If Yes Please Explain _____

_____

Solicitor/Mobile Merchant

Location(s) where Business is to be Conducted _____

Owner of Property _____Permission _____Yes _____No

Name(s) of Employees (if solicitors)

_____ _____

_____ _____

Attach additional sheet if necessary

Vehicle Information (if solicitors)

Description _____ License #_____

Description _____ License #_____

Attach additional sheet if necessary

Type of License Daily $25_____ Quarterly $50_____ Annually $75_____

Dates From_____To_____

Business Ownership

Type of Ownership: Individual(s)_____ Partnership_____ Corporation_____ LLC_____

Legal Domicile _____

(Address where Business was established)

Name of Ownership, Partner(s) or Officers

Name_____ Name _____

Title_____ Title _____

Address_____ Address _____

_____ _____

Attach additional sheet if necessary

In Case of Emergency

Name_____ Phone _____

Name_____ Phone _____

This should be someone that can be contacted 24 hours a day 7 days a week

Personal Identification of Applicant

Applicant's Full Name _____

Relationship to Business _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Social Security # _____ Date of Birth _____

Drivers License # _____ State Issued _____

I hereby certify that the statements made on this application are true and complete to the best of my knowledge.

Print Name _____ Title _____

Signature _____ Date _____

OFFICE USE ONLY

	APPROVED	DENIED	DATE	COMMENTS
CITY CLERK	_____	_____	_____	_____
BUILDING DEPT	_____	_____	_____	_____
PLANNING &ZONING	_____	_____	_____	_____
PUBLIC WORKS	_____	_____	_____	_____
POLICE(if applicable)	_____	_____	_____	_____