



# BUSINESS LICENSE APPLICATION

A FEE OF \$60 FOR NEW LICENSE, \$40 FOR RENEWAL, OR \$20 FOR TEMPORARY MUST ACCOMPANY THIS APPLICATION  
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## SECTION I. Business Information

|                                                                                                                          |                                                                                                           |                                                                                                     |                                                                                                                                                        |                                 |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Check One:<br><input type="checkbox"/> New Business to Marana<br><input type="checkbox"/> New Owner of Existing Business | Check One:<br><input type="checkbox"/> Inside Town Limits<br><input type="checkbox"/> Outside Town Limits | Check One:<br><input type="checkbox"/> Annual License<br><input type="checkbox"/> Temporary License | Check All That Apply:<br><input type="checkbox"/> Name Change Only; Date Changed _____<br><input type="checkbox"/> Location Change; Date Changed _____ | Date Business Started in Marana |
| Former Owner (If Applicable)                                                                                             | Previous Town License #                                                                                   | Current Town License #                                                                              | Doing Business As (DBA) Name Known to the Public                                                                                                       |                                 |
| Street #                                                                                                                 | Direction                                                                                                 | Street Name                                                                                         | Type                                                                                                                                                   | Suite/Apt#                      |
| City                                                                                                                     | State                                                                                                     | Zip Code +4                                                                                         | (Area Code) Business Telephone #                                                                                                                       |                                 |
| E-Mail Address                                                                                                           | State Sales Tax (TPT) #                                                                                   | Federal ID (EIN) #                                                                                  |                                                                                                                                                        |                                 |

## SECTION II. Additional Business Information, Mailing & Telephone Number

|                                                  |           |             |                                              |            |
|--------------------------------------------------|-----------|-------------|----------------------------------------------|------------|
| Legal Business Name of Entity or Individual Name |           |             |                                              |            |
| Street #                                         | Direction | Street Name | Type                                         | Suite/Apt# |
| City                                             | State     | Zip Code +4 | (Area Code) Alternative Business Telephone # |            |

## SECTION III. Business Ownership & Record Location

|                                                                                                    |                                                         |                              |                                                 |                                      |                                           |                                      |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------|-------------------------------------------------|--------------------------------------|-------------------------------------------|--------------------------------------|
| Ownership:                                                                                         | <input type="checkbox"/> Individual/<br>Sole Proprietor | <input type="checkbox"/> LLC | <input type="checkbox"/> Corp.- State Inc.<br># | <input type="checkbox"/> Partnership | <input type="checkbox"/> Ltd. Partnership | <input type="checkbox"/> Other _____ |
| Owners, Partners, LLC, Members, or<br>Officers<br><br>(For Additional Names Please Attach<br>List) | Name                                                    |                              |                                                 | Title                                |                                           |                                      |
|                                                                                                    | Home Address                                            |                              |                                                 | Drivers License #                    |                                           |                                      |
|                                                                                                    | City                                                    |                              | State                                           | Zip Code +4                          | (Area Code) Telephone #                   |                                      |
|                                                                                                    | Name                                                    |                              |                                                 | Title                                |                                           |                                      |
|                                                                                                    | Home Address                                            |                              |                                                 | Drivers License #                    |                                           |                                      |
|                                                                                                    | City                                                    |                              | State                                           | Zip Code +4                          | (Area Code) Telephone #                   |                                      |
| Primary Contact/ Manager:                                                                          | Name                                                    |                              |                                                 | Title                                |                                           | (Area Code) Telephone #              |
| Corporate or LLC Statutory Agent                                                                   | Name                                                    |                              |                                                 | Title                                |                                           | (Area Code) Telephone #              |

## SECTION IV. Business Type

|                             |                                       |                                      |                                       |                                                      |                                                  |                                        |
|-----------------------------|---------------------------------------|--------------------------------------|---------------------------------------|------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| Business Type(s):           | <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Wholesaler  | <input type="checkbox"/> Service Only | <input type="checkbox"/> Construction<br>Contracting | <input type="checkbox"/> Restaurant/<br>Bar      | <input type="checkbox"/> Donation Bins |
|                             | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Amusements   | <input type="checkbox"/> Commercial<br>Real Estate   | <input type="checkbox"/> Transitional<br>Housing | <input type="checkbox"/> Other _____   |
| Describe Nature of Business |                                       |                                      |                                       |                                                      | # of Employees                                   | Contractors #                          |



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## SECTION V. Business Premises Status

|                                                                                  |                |                                                                                                                            |       |
|----------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------|-------|
| Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No |                | Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No                                |       |
| If yes, complete section VI                                                      |                | If you do not own your business location, complete Landlord/Property Manager information below                             |       |
| Landlord/Property Manager Name                                                   | Address        | City                                                                                                                       | State |
| (Area Code) Telephone #                                                          | E-mail Address | Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No |       |

## SECTION VI Home Based Business (Only complete this section if your business is in a residential district)

Please answer the following questions in regard to your home based business with a check mark in the "yes" or "no" box supplied:

|                                                                                                                                                      |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Will this business be the main use to the residence? (people will not live here)                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will employees come to the home? (other than people that live in the home)                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you plan on using your garage or carport for storage? (may only use a bedroom or alternate room inside the house)                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will a service or commodity be sold that invites customers to your home?                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will commercial type vehicles be kept at this residence for business use?                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you operating any mechanical equipment at your residence that is not normally used for domestic, hobby, standard office or household purpose? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will this business generate pedestrian or vehicle traffic?                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## SECTION VII. Licensing Eligibility (Only complete this section if your business is formed as an Individual/ Sole Proprietor)

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law:

Please check the box indicating lawful presence:

|                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> An Arizona drivers license issued after 1996, or an Arizona non-operating identification license                                              |
| <input type="checkbox"/> A driver license issued by a state that verifies lawful presence in the United States (See overview of States' Driver's License Requirements) |
| <input type="checkbox"/> A birth certificate or delayed birth certificate issued in any state, territory, or possession of the United States                           |
| <input type="checkbox"/> A United States certificate of birth abroad                                                                                                   |
| <input type="checkbox"/> A United States passport                                                                                                                      |
| <input type="checkbox"/> A foreign passport with a United States visa                                                                                                  |
| <input type="checkbox"/> An I-94 form with a photograph                                                                                                                |
| <input type="checkbox"/> A United States citizenship & immigration services employment authorization document or refugee travel document                               |
| <input type="checkbox"/> A United States certificate of naturalization                                                                                                 |
| <input type="checkbox"/> A United States certification of citizenship                                                                                                  |
| <input type="checkbox"/> A tribal certificate of Indian blood                                                                                                          |
| <input type="checkbox"/> A tribal or bureau of Indian affairs affidavit of birth                                                                                       |

This provision does not apply to an individual, if **all** of the following apply:

1. The individual is a citizen of a foreign country, or, if at the time of application, the individual resides in a foreign country.
2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.



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## Section VIII. Certification

- ☐ I certify that the statements made in this application are true and complete to the best of my knowledge. I accept that the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town of Marana. Incomplete applications may not be processed.
- ☐ I certify that I have read and understand the ARS Revised Statute 9-495 & 9-834 located at [ARS 9-495](#) & [ARS 9-834 maranaaz.gov/arsnotice](#)
- ☐ I certify that I have read and understand the Town of Marana Code Title 9 located at [www.maranaaz.gov](#)

|                 |              |          |      |
|-----------------|--------------|----------|------|
| Printed Name(s) | Signature(s) | Title(s) | Date |
|-----------------|--------------|----------|------|

For information required by **ARS 9-836**, please see here: [www.maranaaz.gov/business-licenses](#)

### HB 2119, Model City Tax Code; Notice

If your business is subject to TPT (sales tax), the current TPT rates for all jurisdictions can be found here: [https://azdor.gov/business/transaction-privilege-tax/tax-rate-table](#)

Tax codes related to the Town's Local TPT can be found in the Model City Tax Code, here: [https://azdor.gov/business/transaction-privilege-tax/model-city-tax-code](#)

The Town's selected Options under the MCTC can be found here: [https://azdor.gov/business/transaction-privilege-tax/model-city-tax-code/options-city](#)

Important information specific to Town of Marana TPT can be found here: [https://azdor.gov/model-city-tax-code/city-profile/marana](#)

Tax statutes related to the State and County TPT can be found here: [https://www.azleg.gov/arsDetail/?title=42](#)

### FOR OFFICE USE ONLY

| Department./Area Review |                       |                                                          |                                                                                                | Initials | Comments |
|-------------------------|-----------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------|----------|----------|
| Building                | C.O. Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A |          |          |
| Planning                | Sign Permit Required? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A |          |          |
| Police                  |                       |                                                          | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A |          |          |
| Finance                 |                       |                                                          | <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A |          |          |