City of Coolidge, Finance Department
130 W. Central Ave.
Coolidge, Arizona 85128
Phone: 520-723-5361
Fax: 520-723-7910
TDD: 520-723-4653
www.coolidgeaz.com

BUSINESS LICENSE INFORMATION SHEET

The City of Coolidge requires a minimum of (2) two licenses to operate a business within our municipality: State Transaction Privilege Tax (TPT) License and a City of Coolidge Business License. In addition, various special licenses are required for certain types of business as governed by the State of Arizona which must be submitted along with the application.

Joint State and City Transaction Privilege Tax (Arizona Sales Tax)

This license is issued by the Arizona Department of Revenue, Tax and Licensing Department. They have offices located in Phoenix, East Phoenix, and Tucson. Please visit their website at https://azdor.gov or call them at (602) 255-3381 for more information.

City of Coolidge Business License

The City of Coolidge issues this license. Per Article 9-2 Section 9-2-1 of the Code of the City of Coolidge, Arizona, which requires any person who carries on any trade, calling, profession, occupation, or business without having procured a license from the city and complying with any and all regulations of such business specified in this article before they start any such business. Business license fees vary and are valid for one calendar year and are renewable the first day of October.

Required Business License Application Information:

1. **Signed and completed Business License application**
2. **Legal Arizona Worker's Act Form AND a copy of one of the listed identifications**
3. **Copy of your Employer Identification Number Certificate or W-9**
4. **Copy of your State Sales tax License (TPT) or Exemption Certificate**
5. **Copy of your Registrar of Contractors License (if required)**
6. **Copy of a Health Department Certificate (if required)**
7. **Copy of State Certification (If you are in the Medical/Legal Profession)**

Do you qualify for an Exemption Certificate

Per Article 9-2 Section 9-2-7, Business Regulations of The Code of Coolidge Arizona, the following classifications are exempt from having business licenses and must apply for an Exemption Certificate in order to conduct business in the municipality:

- All persons exempted by the laws or statutes of the United States or Arizona.
- Any charitable, educational, religious, fraternal, or veterans organizations.
- Any person selling ranch or farm produce raised or produced by that person.
- Vending machines that are located in and owned by a licensee of a regularly established business which is paying license tax hereunder
- Any person owning or operating less than 3 rentals.
- Activities sponsored by the Coolidge Unified School District.
- Music instructors who instruct 4 or less students.
- Persons practicing any licensed profession as a regular employee.

Required Information for Exemption Certificate:

1. **Signed and completed Exemption Application**
2. **Legal Arizona Worker's Act Form AND a copy of one of the listed identifications**
3. **Copy of a Health Department Certificate (if required)**
4. **Copy of State Certification (If you are in the Medical/Legal Profession)**
5. **Any other documentation verifying exemption status**

Zoning Compliances/Certificate of Occupancy

You MUST have the Coolidge Growth Management Department verify zoning clearance **PRIOR** to having the City process your Business License or Exemption Application.

Please contact Growth Management at 520-723-6075 for more information or by visiting them at 131 W Pinkley, Coolidge, Arizona.

Please remit your application and required information to:

Mailing:
City of Coolidge
130 W Central Ave
Coolidge, AZ 85128

Physical
Coolidge City Hall
130 W Central Ave
Coolidge, AZ 85128

You can also remit the application by fax to 520-723-7910 or by email at mcavazos@coolidgeaz.com

Please contact the Finance Office at 520-723-5361 or TDD 520-723-4653 if you need additional information.

This information is also available on our website at www.coolidgeaz.com

APPLICATIONS CAN NOT BE PROCESSED UNTIL THE REQUIRED INFORMATION IS RECEIVED, NOR CAN THE BUSINESS START IN OUR MUNICIPALITY UNTIL SUCH TIME THAT THE LICENSE IS ISSUED TO YOUR BUSINESS.

Business License Exemptions:

No business license shall be required for the following:

ARTICLE 9-2 SECTION 9-2-7.

A. All persons exempted by the laws or statutes of the United States or Arizona. Persons claiming an exemption from local licensing provisions shall be required to demonstrate such exemption to the satisfaction of the City.

B. Any charitable, educational, religious, fraternal, veterans organization, or association organized for charitable purposes or any other organization or association organized for non-profit purposes which shall conduct or stage and concert, exhibition, lecture, or entertainment within the city where no admission is charged or where the receipts from admission charges are used exclusively for music or art or for charitable, educational, religious, fraternal, or benevolent purposes and no part of which is used for the purpose of private gain of any individual.

C. Any person selling, hawking, or peddling ranch or farm produce which has been raised or produced by that person.

D. Vending machines and postage stamp machines where such machines are located in and owned by the licensee or proprietor of a regularly established business which is paying license tax hereunder.

E. Persons, owning or operating less than three (3) apartments, houses, trailer spaces, or other lodging spaces rented, leased or licensed or available for rent, lease or license within the city.

F. Activities sponsored by the Coolidge Unified School District.

G. Music instructors who instruct four or less students at one time.

H. Persons practicing any licensed profession as a regular employee of another person or firm, licensed under this article.

M E M O R A N D U M

TO: Property Owners

FROM: Coolidge City Council

RE: 3% Transaction Privilege Tax

This letter is to remind you that a 3% Transaction Privilege Tax must be paid to the City of Coolidge if you own any of the following:

1. One or more commercial rentals
2. Three (3) or more residential rental units in the State of Arizona.
3. A combination of one commercial rental unit plus at least one residential rental unit.
4. A *property manager* is subject to the tax imposed upon rental, leasing, or licensing of real property, even is such rental, leasing, or licensing would be deemed "casual" if his principal managed such real property himself.

You must also have a city business license. City utility billing records indicate that you own commercial or rental properties and may be subject to the tax and business license requirements.

You may pick up a business license application, and obtain an application for a tax I.D. number through the Arizona Department of Revenue, at City Hall, 130 W Central Ave, Coolidge, Arizona 85128; on the cities website at Coolidgeaz.com – (tab) City Hall – (tab). Finance; or call (520)723-5361 or T.D.D. (520)723-4653, and ask for Charlene.

We urge you to make sure you are in compliance, as the Department of Revenue conducts tax audits within the City of Coolidge and identifies individuals who are subject to this tax.

Legal Arizona Workers Act Compliance – House Bill 2745, Chapter 152 (Effective September 30, 2008)

Licensing Eligibility:

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:

Check the box next to the document indicating lawful presence.

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States, (See Overview of State's Driver's License Requirements)
	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 photograph.
	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 certificate of Indian blood.
	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.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Municipal Employee Date

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BUSINESS LICENSE EXEMPTION APPLICATION

Applicant Name:	
Business Name:	
Physical Address City, State, Zip	
Mailing Address City, State, Zip:	
Phone Number:	
Description of Business:	
Total Employees:	
Basis for Exemption:	
Days and hours of operation:	
Tax Identification Number or Tax Exempt Number:	
Applicant: Signature:	Date:
INTEROFFICE USE ONLY	
Conforms to Exemption under Article 9-2 Section 9-2-7 Coolidge City Code: Sub-Section(A-J):_____	
Growth Management:	Finance Department:
Signature:_____ Date:_____	Signature:_____ Date:_____

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BUSINESS LICENSE APPLICATION

Application Type: ☐ New Business – Permanent
☐ Transient Business: ☐ 1 Day ☐ 1 Week ☐ 1 Month (Attach Addendum A & D)
☐ Change to Existing Business License
☐ Closing Business: Effective Date:_____ (Please complete Section VI.)

SECTION I: BUSINESS INFORMATION (please print legibly)

Legal Business Name:	
Doing Business As (DBA):	
Physical Location:	
Will you be opening a physical location within our municipality? ☐ No ☐ Yes	If yes and different from above, list physical address.
Mailing Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Website and/or email:	
Business start date in Coolidge:	
Name and position of point of contact for business:	Phone No.

FOR BUSINESS LOCATED WITHIN THE CITY, COMPLETE BELOW:

Do you own your business location? ☐ Yes ☐No
If yes, is this your residence? ☐ Yes ☐No
If no, provide Landlord/Property Manager Name, Mailing Address, and Phone Number:

Do you rent a portion of the business premises to another entity? ☐ Yes ☐No

Do you sell, store, or handle any hazardous material? ☐ Yes ☐No
If so, please attach Addendum C – Itemized Hazardous Materials and MSDS sheets for each.

SECTION II: TYPE OF OWNERSHIP

☐Individual/ Sole Proprietorship: Social Security Number: ☐☐☐-☐☐-☐☐☐☐

☐Partnership ☐ LLC/LLP ☐Corporation ☐Association ☐ Trust ☐Joint Venture
☐ Sub-Chapter S Corporation ☐Other_____

Federal Employer Identification Number:_____(Attach copy of Certificate or W-9)

State Transaction Privilege Tax (TPT) Number:_____(Attach copy of TPT License)

SECTION III: OWNERS, PARTNERS, LLC MEMBERS OR OFFICERS

Please complete Section III in its entirety.
You may also supply your Articles of Incorporation in lieu of completing Section III.

Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	

SECTION IV: LOCATION OF TAX RECORDS (if different from business location)

Name	Address	City, State, Zip	Phone Number

SECTION V: BUSINESS TYPE

☐ CONSTRUCTION ☐ Residential ☐ Commercial ROC #_____ Attach ROC Certificate	☐ RENTALS ☐ Residential ☐ Commercial No. of Units_____	☐ HOTEL/MOTEL No. of Rooms_____	☐ BEAUTY SALON ☐ BARBER SHOP ☐ NAIL SALON Complete Addendum B

☐ RETAIL SALES Sale of Liquor? ☐ Yes ☐ No If yes, which types? ☐ Beer ☐ Wine ☐ Liquor License No._____	☐ RESTAURANT Sale of Liquor? ☐ Yes ☐ No If yes, which types? ☐ Beer ☐ Wine ☐ Liquor License No._____	☐ BAR TAVERN Sale of Liquor? ☐ Yes ☐ No If yes, which types? ☐ Beer ☐ Wine ☐ Liquor License No._____
☐ SERVICE ONLY	☐ USE TAX	☐ TRANSPORTATION
☐ UTILITY	☐ OTHER Specify:	

DETAILED DESCRIPTION & NATURE OF THE BUSINESS (type of service, what you sell/stock, etc):

SECTION VI: CHANGE OF EXISTING BUSINESS LICENSE

Type of Change: ☐ Name Change ☐ Change of address ☐ New owner of existing business

Existing Business License Number:	
New Business Name:	
New Owner Name:	
New Physical Location:	
New Mailing Address:	
New City, State, Zip:	
New Phone Number:	

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept 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 City. I understand that I may not lawfully engage in business in the City of Coolidge until the license is approved. Incomplete forms will not be processed.

Print Name:	Signature:	Title:	Date:

FOR OFFICE USE ONLY

Planning & Zoning:	Finance Approval:	License No.	Date Issued:

Additional Owners, Partners, LLC Members, or Officers

Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	
Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	

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ADDENDUM A - TRANSIENT BUSINESS LICENSE

Applicant Name:
Business Name:
Local Address from which proposed sales will be made:
Detailed description and nature of the business (type of service, what you sell/stock etc.):
Employer Name, Address, City, State, Zip, and Phone Number (P O Boxes will not be accepted) *Supply credentials from establishment.*
Date(s) which you are requesting a transient license:
Location of goods/supplies?
How will good/supplies be delivered?
Total number of employees who will be working in our municipality?
List the three (3) most recent cities or towns where you have carried on business immediately preceding the date of this application and the address from which the business was conducted in those municipalities. 1._____ 2._____ 3.

List each person who will be working in our municipality, attach supplement page if necessary:

Employee Name	Permanent Address	City, State Zip	Phone Number	Drivers License No. and State

A Legal Arizona Workers Act Form MUST be completed for the applicant and each person working within the municipality. If any person(s) is submitting identification other than a valid driver's license, other photo identification MUST be submitted as well, and is to include a clear photo of person, no smaller than two inches by two inches, showing head and shoulders.

Have you/employees ever been convicted of any crime, misdemeanor or violation of any municipal ordinance other than traffic violations? ☐ No ☐ Yes, please list the nature of the offense as well as the punishment or penalty assessed.

Employee	Violation	Punishment/Penalty

List all vehicles to be used to conduct business.

Year	Make	Model	Color	License No.

I certify that the statements made on this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this addendum with the condition that I report timely and pay any and all taxes due by me to the City of Coolidge. Incomplete forms will not be processed.

Signature: _____ Date: _____

TO BE COMPLETED BY POLICE DEPARTMENT

☐ Endorsed – No Fingerprint Checks Necessary

☐ Endorsed – Fingerprint Checks Necessary on the following individuals:

_____

_____

_____

☐ Rejected: Reason(s)_____

_____

_____

Signature:_____ Date:_____

Police Chief or Designee

TO BE COMPLETED BY GROWTH MANAGEMENT

Date sent to Police Department:_____

Date received from Police Department:_____

☐ Issued License No._____ Date Issued: _____

☐ Denied Reason(s):_____

Completed by:

_____ Date:_____

Growth Management Director or Designee

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ADDENDUM B – LICENSED EMPLOYEE LIST

Business Name	
Physical Address	
Mailing Address	
City, State, Zip	
Phone Number	

Cosmetology License No.	Employee Name	Mailing Address	City, State, Zip	Phone Number

Business Owner Signature: _____ **Date:** _____

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ADDENDUM C – ITEMIZED HAZARDOUS MATERIALS

Business Name	
Physical Address	
City, State, Zip	
Emergency Contact	
Emergency Phone #	

QUANTITY	UNIT	ITEM

I certify that the above listing of hazardous material(s) is true and complete to the best of my knowledge. I have attached an MSDS sheet for each of the hazardous material(s) listed above.

Print Business Owner Name:	Business Owner Signature:	Date:

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ADDENDUM D - PERMISSION FOR USE OF PROPERTY TO CONDUCT BUSINESS

Applicant Name:	
Business Name:	
Mailing Address:	
City, State, Zip:	
Phone Number:	
Property location where business will be conducted:	
Tax Parcel Number:	
Days and hours of Operation:	
Property Owner:	
Mailing Address:	
City, State, Zip:	
Phone Number:	

I, _____, the owner of the property as described above, do hereby give permission for the business indicated in this document, to operate on the day(s) and time(s) indicated; to conduct business as provided in the business license application.

Property Owner Signature:_____

Date:

A copy of this document is on file at the City of Coolidge Finance Department's Office, located at 130 W. Central Ave., Coolidge, Arizona, 85128. Ownership may be verified through Pinal County Records.