LAKE HAVASU CITY
TEMPORARY SPECIAL EVENT LICENSE

www.lhcaz.gov

EVENT NAME _____ **EVENT DATE(S)** _____

BUSINESS NAME / DBA _____

MAILING ADDRESS _____

BUSINESS TELEPHONE _____ **EMAIL ADDRESS** _____

AZ RESALE TPT ID # _____ **FEDERAL TAX ID** _____

TYPE OF OWNERSHIP (CHECK ONE):

☐ Association ☐ Government ☐ Individual/Sole Proprietorship ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Non-Profit ☐ Partnership

☐ Professional/ Limited Liability ☐ Corporation: _____ NAME OF CORPORATION _____ STATE OF INCORPORATION _____ DATE OF INCORPORATION

DESCRIBE BUSINESS IN DETAIL: _____

PRINCIPAL / OWNER NAME Title Phone Date of Birth

Home Address City / State Zip Driver's License # State

PRINCIPAL / OWNER NAME Title Phone Date of Birth

Home Address City / State Zip Driver's License # State

APPLICANT SIGNATURE _____ **DATE** _____

FOR ADMIN SVCS DEPT USE ONLY: **DATE PAID** _____ **LICENSE #** _____ **EXPIRES** _____

FIN-7 (4/2026) **CITY CODE CHAPTER 5.04 BUSINESS LICENSE**

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403
Phone (928) 453-4153 Toll Free (866) 248-4150
Email: BusinessLicense@lhcaz.gov