



FOR OFFICE USE ONLY

License # _____

CITY OF WILLIAMS

TEMPORARY BUSINESS LICENSE APPLICATION

This application must be filed and a license obtained before you can lawfully engage in business in Williams, Arizona. The application fee is non-refundable, and the license issued is non-transferable. All businesses in the City must comply with all ordinances/regulations, and requirements affecting public peace, health, and safety. A new license is required if ownership changes.

This license is valid for seven (7) days from the date of issue.

\$10.00

Application Fee

Application Date

Business Name (individual, company or "d.b.a.")

Business Phone

Business Location

Mailing Address/Permanent Address

City

State

Zip

Federal Tax ID # or Soc. Sec. #

Arizona Privilege Tax License # (Copy must be attached)

Reason for Application:

Peddler/Door to Door Sales ()

Sidewalk Vendor ()

Mobile Vendor ()

Other _____ ()

Dates business to be in Williams: Start: ____ / ____ / ____ End: ____ / ____ / ____.

Business Classification:

Retail Trade ()

Restaurant ()

Construction () Manufacturing ()

Print/Publishing ()

Advertising ()

Transportation ()

Amusements ()

Service ()

Utilities/Communications ()

Other () _____

Nature of activity, service, or product sold (be specific): _____

(continued on reverse)

Type of Ownership: Individual () Partnership () Corporation ()
Other () _____

Owner/Officer/Partner Information:

Name	Title	Phone #
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Address

City	State	Zip
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Name of All Representatives Selling in Area (copy of ID must be provided):

Last Name	First Name	MI	Social Security #	DOB
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Last Name	First Name	MI	Social Security #	DOB
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Last Name	First Name	MI	Social Security #	DOB
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Last Name	First Name	MI	Social Security #	DOB
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Last Name	First Name	MI	Social Security #	DOB
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Vehicle(s):

Make: _____ Model: _____ Year: _____ License Plate #/State: _____

Make: _____ Model: _____ Year: _____ License Plate #/State: _____

Incomplete applications will not be processed!

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

Signature of owner, partnership or corporate officer	Date
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Print/type name of owner, partner or corporate officer	Title
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Emergency contact name	Phone
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