# LAKE HAVASU CITY
# APPLICATION FOR BUSINESS LICENSE

www.lhcaz.gov

**Application is invalid unless all questions are answered. Supplemental forms may be required depending on the business type. A fee is collected upon submission of application. All business license fees are non-refundable. You are not authorized to conduct business until the application has been approved and a license has been issued. You will be contacted if there are any questions.**

**BUSINESS NAME/DBA** _____

**BUSINESS ADDRESS** _____
STREET # STREET NAME STE.# CITY/STATE ZIP

**MAILING ADDRESS** _____
STREET # STREET NAME STE.# CITY/STATE ZIP

**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:** _____

**BUSINESS OWNER(S) INFORMATION (IF MORE SPACE NEEDED, ATTACH ADDITIONAL PAGES):**

**PRINCIPAL/OWNER NAME (1)** TITLE PHONE DATE OF BIRTH

HOME ADDRESS CITY/STATE ZIP DRIVER'S LICENSE # STATE

**PRINCIPAL/OWNER NAME (2)** TITLE PHONE DATE OF BIRTH

HOME ADDRESS CITY/STATE ZIP DRIVER'S LICENSE # STATE

**PRINCIPAL/OWNER NAME (3)** TITLE PHONE DATE OF BIRTH

HOME ADDRESS CITY/STATE ZIP DRIVER'S LICENSE # STATE

**EMERGENCY CONTACT/LOCAL MANAGER** TITLE PHONE DATE OF BIRTH

HOME ADDRESS CITY/STATE ZIP DRIVER'S LICENSE # STATE



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

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**NOTE: BUILDING OWNER(S) INFORMATION IS REQUIRED.**

**BUILDING OWNER**

NAME | PHONE | HOME ADDRESS | CITY/STATE | ZIP

**TYPE OF BUSINESS:** ☐ Commercial ☐ Home Based ☐ Mobile ☐ Swap Meet ☐ Event

**THE NATURE OF MY BUSINESS IS (CHECK ONE):**

☐ Business Office ☐ Contractor ☐ Day Care ☐ Food ☐ Government ☐ Group Home ☐ Handyman

☐ Manufacturer ☐ Medical-Doctor/ Dentist ☐ Restaurant/Bar ☐ Retail ☐ School ☐ Service ☐ Wholesale

☐ Storage ☐ Other Description: _____

_____ **CONTRACTOR'S LICENSE ROC #**

_____ **CLASS**

_____ **MOHAVE COUNTY HEALTH #**

**NOTE: TAX EXEMPT 501(C)(3) ORGANIZATIONS MUST ATTACH COPY OF THE INTERNAL REVENUE SERVICE LETTER OF DETERMINATION.**

**TAXABLE ACTIVITY (CHECK ONE):**

☐ Amusement ☐ Construction/ Contracting ☐ Hotel/Motel ☐ Manufacturer/ Retail ☐ Non-Profit ☐ Rental - Commercial ☐ Rental - Residential

☐ Retail Sales ☐ Restaurant/Bar ☐ Use Tax ☐ Other - Describe: _____

**DOES YOUR BUSINESS SELL FOOD AND/OR ALCOHOL?** ☐ Yes ☐ No

**MACHINERY/EQUIPMENT USED/STORED ON SITE:**

_____

**MATERIALS/CHEMICALS USED/STORED ON SITE:**

_____

**DESCRIBE WASTE PRODUCTS/LEFTOVER MATERIALS:**

_____

**METHOD OF DISPOSAL:**

_____

_____ **APPLICANT'S SIGNATURE**

_____ **DATE**



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