City of Williams

Annual Business License APPLICATION

FOR OFFICE USE ONLY
License # _____
Fee Paid ___ /___ /_____
Received by _____

This application must be filed and a license obtained before you can lawfully engage in business in Williams, Arizona. A license is necessary for each business location. Application fee is non-refundable and 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 also required if ownership changes. ***A late fee of $20.00 is due with the license renewal fee if it is paid after January 31st of each year.***

Application Fee $100.00 **Application Date** ____ /____ /____

Business Name _____ **Business Phone (___) ____ - ____**
(Individual, company or "d.b.a.")

Business Location _____

Fax (___) ____ -_____ Email Address _____

Mailing Address _____

City _____ **State** _____ **Zip** _____ - _____

_____ _____
Federal Tax ID or Social Security number **Contractors License number**

_____
***Arizona Privilege Tax License Number**
PLEASE INCLUDE A COPY OF YOUR CURRENT "TPT" / "TPT" APPLICATION, ALONG WITH THIS FORM
**All businesses required to collect Transaction Privilege Tax Must Have Arizona Transaction Privilege Tax Number*

Reason for Application:
New Business ( ) Renewal ( ) Location Change ( )
Name Change ( ) New Owner of Existing Business ( )

Date Business Started in Williams _____ /_____ /_____

Business Classification: *(Check box(es) that apply)*
Retail Trade ( ) Hotel/Lodging ( ) Bar ( ) Restaurant ( )
Liquor ( ) Rentals/Residential ( ) Rentals/commercial ( )
Construction ( ) Manufacturing ( ) Print/Publishing ( )
Advertising ( ) Transportation ( ) Mining ( )
Leases & Rentals of Tangible Personal Property/Equipment ( )
Amusements ( ) Service ( ) Utilities/Communications ( )
Other ( ) _____

Name of Activity, Service, or Product Sold *(be specific)* _____

_____

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

OWNER/OFFICER/PARTNER INFORMATION:

Name _____ **Title** _____

Business Phone (___) ____ -_____ **Cell Phone (___) ____ -_____**

Fax (___) ____ -_____ **Email Address** _____

Address _____

City _____ **St** _____ **Zip** _____ - _____

Name _____ **Title** _____

Business Phone (___) ____ -_____ **Cell Phone (___) ____ -_____**

Fax (___) ____ -_____ **Email Address** _____

Name _____ **Title** _____

Business Phone (___) ____ -_____ **Cell Phone (___) ____ -_____**

Fax (___) ____ -_____ **Email Address** _____

Accounting Record Location _____

Name _____ **Phone (___) ____ -_____**

Address _____

City _____ **St** _____ **Zip** _____ - _____

Do you own your business premises? Yes ( ) No ( ) If no, please complete the following:

Landlord Name _____ **Phone (___) ____ -_____**

Address _____

City _____ **St** _____ **Zip** _____ - _____

I certify that the statements made in this application are true and complete to the best of my knowledge. Incomplete applications may not be processed.

_____ **Date** ____/____/____

Signature of Owner, Partnership or Corporate Officer

_____

Print Name of Owner, Partner or Corporate Officer

Please allow the City of Williams 10 working days for processing.

CITY OF WILLIAMS
113 S. 1st Street
Williams, AZ 86046-2549
(928) 635-4451
Fax (928) 635-4495