



BUSINESS LICENSE APPLICATION

A FEE OF \$50 FOR NEW LICENSE, OR \$40 RENEWAL MUST ACCOMPANY THIS APPLICATION
PLEASE PRINT OR TYPE

THIS APPLICATION MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

SECTION I. Business Information

Check one: <input type="checkbox"/> New Business to Marana <input type="checkbox"/> New Owner of Existing Business	Check one: <input type="checkbox"/> Inside Town limits <input type="checkbox"/> Outside Town limits	Check one: <input type="checkbox"/> Annual License <input type="checkbox"/> Temporary License	Check all that apply: <input type="checkbox"/> Name Change Only; Date Changed _____ <input type="checkbox"/> Location Change, Date Changed _____
Date business started in Marana	Former Owner (if applicable)	Current Town License #	Previous Town License #
Doing Business As (DBA), Name on Signage, Name known to the public			
Street #	Direction	Street Name	Type
Suite/Apt # (List physical address, no post office boxes)			
City	State	Zip Code + 4	(Area Code) Business Telephone #
Fax #	E-Mail Address (If Available)	State Sales Tax #	Federal ID #

SECTION II. Additional Business Information, Mailing and Telephone Number

Legal Business Name of Entity or Individual Name			
Street #	Direction	Street Name	Type
Suite/Apt #			
City	State	Zip Code + 4	(Area Code) Other Business Telephone #

SECTION III. Business Ownership & Record Location

Ownership:	<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> LLC	<input type="checkbox"/> Corp. - State Inc. # _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Other _____
Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	Name		Title			
	Home Address					Driver's License #
	City	State	ZIP Code + 4	(Area Code) Telephone #		
	Name		Title			
	Home Address					Driver's License #
	City	State	ZIP Code + 4	(Area Code) Telephone #		
Corporate or LLC Statutory Agent	Name		Title		(Area Code) Telephone #	
Primary Contact/Manager	Name		Title		(Area Code) Telephone #	
Location where business records are kept, if different from business location	Address					
	City	State	ZIP Code + 4	(Area Code) Telephone #		

SECTION IV. Business Type

Accounting Method Used: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
Type(s): <input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Service Only <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Restaurant/bar <input type="checkbox"/> Commercial Real Estate <input type="checkbox"/> Manufacturer <input type="checkbox"/> Commercial Rental <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Amusements <input type="checkbox"/> Peddler <input type="checkbox"/> Other: _____		
Describe Nature of Business	# of Employees	Contractors #

SECTION V. Business Premises Status

Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, complete section VI on the reverse side of application		If you do not own your business location, complete Landlord/Property Manager information below.	
Landlord/Property Manager Name	Address	City	State
(Area Code) Telephone #	Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION VI. Home Based Business (only complete this section if your business is in a residential district)

Please answer all the following questions in regard to your home based business with a check mark in the "yes" or "no" box supplied:

1. Will this business be the main use to the residence? (people will not live here)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will employees come to the home? (other than people that live in the home)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you plan on using your garage or carport for storage? (may only use a bedroom or alternate room inside the home)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will a service or commodity be sold that invites customers to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will commercial type vehicles be kept at this residence for business use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you operating any mechanical equipment at your residence that is not normally used for domestic, hobby, standard office or household purposes? Such as; welding, metal working, wood assembling.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will this business generate pedestrian or vehicular traffic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VII. Licensing Eligibility (only complete this section if your business is formed as an Individual/Sole Proprietor)

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:
Please check the box indicating lawful presence:

<input type="checkbox"/> An Arizona driver license issued after 1996, or an Arizona non-operating identification license.
<input type="checkbox"/> A driver license issued by a state that verifies lawful presence in the United States. (See overview of States' Driver's License Requirements)
<input type="checkbox"/> A birth certificate or delayed birth certificate issued in any state, territory, or possession of the United States.
<input type="checkbox"/> A United States certificate of birth abroad.
<input type="checkbox"/> A United States passport.
<input type="checkbox"/> A foreign passport with a United States visa.
<input type="checkbox"/> An I-94 form with a photograph.
<input type="checkbox"/> A United States citizenship and immigration services employment authorization document or refugee travel document.
<input type="checkbox"/> A United States certificate of naturalization.
<input type="checkbox"/> A United States certificate of citizenship.
<input type="checkbox"/> A tribal certificate of Indian blood.
<input type="checkbox"/> 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.

SECTION VIII. Certification

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

Print Name(s)	Signature(s)	Title(s)	Date

FOR OFFICE USE ONLY

Department./Area Review		Initials	Comment
Building	C.O. Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Planning	Sign Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Police	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Finance	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		