



**CITY OF LITCHFIELD PARK
LICENSE APPLICATION
BUSINESS, OCCUPATIONAL & PROFESSIONAL**

Finance Department
214 W Wigwam Boulevard
Litchfield Park, Arizona 85340
(623) 935-4364

THIS APPLICATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN THE CITY OF LITCHFIELD PARK. APPLICATION FEES ARE NOT REFUNDABLE. COPY OF AZ TAX LICENSE MUST BE ATTACHED.

FOR OFFICE USE ONLY

License Number _____

Sic. Code _____

Make Checks Payable to: City of Litchfield Park

Total Amount Due \$45.00

(\$10 application fee plus \$35 license fee)

SECTION I - BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS/RENTAL LOCATION AND START DATE

- BUSINESS NAME (Individual or Corporate and "DBA" name) _____ AREA CODE _____ BUSINESS TELEPHONE _____
- STREET NO. (N,E,S,W) _____ STREET NAME _____ Type (ST. DR. AV.) _____ STE./APT. NUMBER _____
- CITY _____ STATE _____ ZIP _____
- STATE OF ARIZONA TPT TAX LICENSE # _____
(COPY OF AZ TAX LICENSE MUST BE ATTACHED)
- EMAIL ADDRESS _____
- EIN or SSN# _____

SECTION II - MAILING ADDRESS (If different from Section I above)

- NAME (OR "IN CARE OF" NAME) _____ AREA CODE _____ BUSINESS TELEPHONE _____
- STREET NO. (N,E,S,W) _____ STREET NAME _____ Type (ST. DR. AV.) _____ STE./APT. NUMBER _____
- CITY _____ STATE _____ ZIP _____

SECTION III - BUSINESS OWNERSHIP AND BUSINESS RECORDS LOCATION

- TYPE OF OWNERSHIP: INDIVIDUAL ___ LLC/PARTNERSHIP ___ CORPORATION ___ STATE OF INCORPORATION _____
LLC/PARTNERSHIP OR CORPORATION NAME: _____
- NAME OF OWNERSHIP, PARTNER(S), LLC MEMBERS, OR OFFICERS - INCLUDE, TITLE, HOME ADDRESS, PHONE (attach list if necessary)
A. _____
B. _____
- LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS LOCATION:
NAME _____ ADDRESS _____ PHONE _____
- CORPORATE STATUTORY AGENT:
NAME _____ ADDRESS _____ PHONE _____

SECTION IV - BUSINESS TYPE, STATUS, IDENTIFICATION

- BUSINESS TYPE: Retail ___ Service ___ Wholesale ___ Contractor ___ Other _____
Describe nature of business _____
- If applicable, name of former business owner _____ City License No. _____
- Name of Owner's or Applicant's other current businesses in Litchfield Park A. _____ City License No. _____
B. _____ City License No. _____
- Number of Employees in City _____ **PROJECT ADDRESS: _____**

SECTION V - OWNER, APPLICANT, OR OFFICER SIGNATURE

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACCEPT THE PERMIT AUTHORIZED AND ISSUED IN RESPONSE TO THIS APPLICATION AND AGREE TO COMPLY WITH ALL CITY CODES AND ORDINANCES THAT ARE APPLICABLE TO MY BUSINESS. **INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.**

Date: _____

Signature of Owner, Applicant, or Officer



**ACKNOWLEDGEMENT OF
BUSINESS, OCCUPATIONAL & PROFESSIONAL
LICENSE REGULATIONS**

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I have read and acknowledge the following rules:

1. This application must be approved before I can lawfully engage in any business activities in the City of Litchfield Park.
2. A separate license is required for each business location.
3. Written notification of any changes or cancellation of this application must be made immediately to the Finance Officer. Without written notification of cancellation, billing will continue.
4. This license is NON-TRANSFERABLE and shall be valid until revoked by the Finance Officer.
5. All City of Litchfield Park business licenses expire on December 31st of each year and must be renewed each year that business continues in the City.
6. All businesses with a commercial location within the City of Litchfield Park must display their license in a conspicuous place within their place of business.
7. All businesses must present their City license upon request by City staff or other authorized representatives of the City.

SIGNATURE: _____ DATE: _____



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Individuals & Sole Proprietors Only

**REQUIRED SUPPLEMENTAL INFORMATION
 LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)**

Full Name:	Last	First	Middle
Business Address (as shown on license or application):			
City, State and Zip Code			

On May 1, 2008, Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a "licensing eligibility" section (Arizona Revised Statutes § 41-1080) preventing a state/city agency from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law.

To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return with your City of Litchfield Park Business License Application.

Failure to complete and submit this form to the above to the cited address and/or the falsification of any information provided herein shall subject applicant to denial, cancellation, or revocation of the business license. **Only provide one of the following forms of identification (check the box next to the one you are submitting):**

<input type="checkbox"/>	1.	An Arizona driver's license issued after 1996 or an Arizona non-operating identification license.
<input type="checkbox"/>	2.	A driver's license issued by a state that verifies lawful presence in the United States (Licenses from HI, IL, ME, MD, NM, TX, UT, and WA are not acceptable).
<input type="checkbox"/>	3.	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
<input type="checkbox"/>	4.	A United States certificate of birth abroad.
<input type="checkbox"/>	5.	A United States passport.
<input type="checkbox"/>	6.	A foreign passport with a United States visa.
<input type="checkbox"/>	7.	An I-94 form with a photograph.
<input type="checkbox"/>	8.	A United States citizenship and immigration services employment authorization document or refugee travel document.
<input type="checkbox"/>	9.	A United States certificate of naturalization.
<input type="checkbox"/>	10.	A United States certificate of citizenship.
<input type="checkbox"/>	11.	A tribal certificate of Indian blood.
<input type="checkbox"/>	12.	A tribal or Bureau of Indian Affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury, that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

FULL SIGNATURE OF LICENSEE

DATE