



**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	Make Checks Payable to: City of Litchfield Park Total Amount Due \$45.00 (\$10 application fee plus \$35 license fee)
License Number _____ Sic. Code _____	

SECTION I - BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS/RENTAL LOCATION

- BUSINESS NAME (Individual or Corporate and "DBA" name) _____ AREA CODE _____ BUSINESS TELEPHONE _____
- PHYSICAL ADDRESS _____ 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 _____
- MAILING ADDRESS _____ 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, ADDRESS, PHONE (attach list if necessary)
 - _____
 - _____
- 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 _____
 FORMER CITY LICENSE NO. _____

SECTION V - SPECIAL EVENT VERIFICATION

- IS THIS FOR A SPECIAL EVENT? YES ___ NO ___
 IF YES, NAME & DATE OF SPECIAL EVENT _____ PROJECT ADDRESS _____

SECTION VI - 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.**

SIGNATURE OF OWNER, APPLICANT, OR OFFICER

DATE



**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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Non-Sole Proprietors Only

Required Supplemental Information
Licensing Eligibility Verification Form
Non-Sole Proprietor

Complete and return with your City of Litchfield Park Business License Application

A.R.S. § 41-1080 requires as a condition of issuing a business license verification of legal immigration status of the applicant through the production of identification listed in the statute. To satisfy the requirements of A.R.S. § 41-1080 in situations where the applicant is not a sole proprietor, you must verify the applicant’s compliance with the requirements of A.R.S. § 41-4401 (E-Verify).

By completing and signing this form, applicant shall attest that it meets all conditions contained herein. Failure to complete and submit this form on or before the requested date to the above cited address and/or the falsification of any information provided herein shall subject the applicant to revocation of the business license.

Business License # (if for a renewal):		
Name (as listed on the business license):		
Street Name and Number:		
City:	State:	Zip Code:

I hereby attest that the applicant complies with the Federal Immigration and Nationality Act (FINA), all other federal immigration laws and regulations, and A.R.S. § 23-214 related to the immigration status of its employees.

Signature of Applicant or Authorized Designee:

Printed Name:

Title:

Date (month/day/year):