



APPLICATION FOR BUSINESS LICENSE

NON-REFUNDABLE \$10.00 FEE DUE AT TIME OF APPLICATION - CODE 0570

**** Depending upon the type of business activity engaged, additional City licenses and/or permits may be needed. Contact the Mesa Licensing office for further information. ****

SECTION I. BUSINESS LOCATION INFORMATION				Office Use Only
Business Name (DBA)				<u>Zoning:</u>
Business Street Address		City, State, Zip		<u>District:</u>
Business Email Address		Business Phone Number		
SECTION II. MAILING ADDRESS				<u>Date Received:</u>
Mailing Street Address or PO Box				<u>Staff Initials:</u>
City		State	Zip Code	
SECTION III. LOCAL DESIGNATED AGENT OR CONTACT				
Local Agent or Contact Name (First, Last)		Title		
Email Address		Contact Phone Number		
SECTION IV. PROPERTY OWNER/LANDLORD INFORMATION				
Do you own the establishment location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord Name (First, Last)	Landlord Phone Number		
	Landlord Address	City, State, Zip		
SECTION V. BUSINESS OPERATION INFORMATION				
Days of Operation	Hours of Operation	Start Date in Mesa		
Will any food or merchandise be sold at the establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Types of Services Offered		NAICS	
	Describe Types of Items Sold			
SECTION VI. OWNERSHIP INFORMATION				
Type of Ownership: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____				
Organization Name (LLC, corporation, etc.)			State of Formation	
Organization Legal Address		City, State, Zip		
Federal Employer Identification Number	AZ TPT License Number	Est. # of Employees	Est. # of Full-time Employees	
SECTION VII: (OPTIONAL) This information may be used to determine eligibility for local government business grants and programs.				
Is this a minority owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a female owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION VIII. CONTROLLING PERSON(S) WITH 10% OR GREATER OWNERSHIP INTEREST OR EARNINGS OF THE BUSINESS				
(Attach separate business organizational chart if additional space is needed.) **Not required if a publicly traded entity				
Title/Position	Name (First, Middle, Last)	Ownership %	Email Address	

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BUSINESS NAME FROM PAGE 1, SECTION I:		
SECTION IX. APPLICANT'S INFORMATION		
Applicant Name (First, Middle, Last)		
Mailing Address		Contact Phone Number
City	State	Zip Code
SECTION X. SIGNATURE AND CERTIFICATION		
<u>IMPORTANT</u>		
<p>I certify that the statements made in this application are true, complete, and correct to the best of my knowledge. Any false, misleading, or incomplete information constitutes grounds for denial of this license. I understand that issuance of a business license shall in no way be construed as permission to operate a business in violation of any other law or regulation to which such activity may be subject. Also, this license does not preclude the authority of other city agencies. I should call the Planning Division at 480-644-2385 if I have questions concerning land use or zoning before engaging in business. I also certify that I am familiar with the Code provisions governing the business license that I am applying for.</p>		
Print Name	Signature	Date

**** Please ensure this application is completed in its entirety to avoid any processing delays. Partial applications will not be accepted. ****

DRAFT