

***** **PLEASE FILL OUT FORM COMPLETELY. DO NOT LEAVE ANY BLANKS** *****

**CITY OF ELOY
BUSINESS LICENSE APPLICATION
624 NORTH MAIN STREET
ELOY, AZ 85131
Phone: 520.464.3401 Fax: 520.466.3760**



TPT TAX #
TAX PRIVILEGE TRANSACTION #

Register of Contractor # (Roc)

PLEASE TYPE OR PRINT LEGIBLY:

Assessor's Parcel No: _____ (City Limits Only-License will not be issued without number)

Business Name: _____ DBA: _____

Business Location: _____ City/State/Zip: _____

Business Mailing Address: _____ City/State/Zip: _____

Business Telephone: _____ Fax: _____ Email: _____

Date Business Began: _____ Classification: Individual ___ Partnership ___ Corporation: ___

Is property location of Business owned by the Business: ___ Yes ___ No

If no, give name and address of Property Owner: _____

Previous Owner: _____ Previous Use: _____

Are you proposing new additions/changes to the Structure: ___ Yes ___ No

I Understand that the issuance of a Business License by the City of Eloy does not necessarily mean that my business has complied with County, State and Federal requirements which may apply to my business.

I Certify that the information contained on this application is true and correct to the best of my knowledge.

SIGNATURE

DATE

FOR OFFICE USE ONLY

FEE PAID ___ No ___ Yes

Business Name Change \$ _____

Date paid: _____ Check ___ # _____ Cash ___ Annual \$ _____ Prorated \$ _____

| DEPARTMENT | INITIALS | APPROVED | Approved w/ Conditions | DENIED |
|--------------------------------|----------|----------|------------------------|--------|
| COMMUNITY DEVELOPMENT DIRECTOR | | | | |
| BUILDING OFFICIAL | | | | |
| P.W. DIRECTOR | | | | |
| POLICE CHIEF | | | | |
| CODE ENFORCEMENT | | | | |
| FIRE DISTRICT | | | | |
| FINANCE DIRECTOR | | | | |

Date received by Finance Department: _____

ZONING USE QUESTIONNAIRE (FOR BUSINESS LICENSE APPLICATIONS)

Consideration of your request for a City of Eloy business license requires the following information for the Planning and Zoning Division in order to determine the legality of your proposed use of property:

Business Type: _____

Please explain in detail what type of work will be done: _____

Will your business occupy a permanent structure in the City of Eloy? _____ Yes _____ No

If no, please explain the location of the property that will be used for the business:

Is the structure a residence or a commercial or industrial building? _____

Do you own your business premises? _____ Yes _____ No

If no, provide property owner's name, address and phone number and attach a ***notarized*** written consent form or a lease agreement (**City Limits Only**):

| | | |
|-------------------|---|---|
| Check one: | New Business | New Owner - Existing Business |
| | Existing Business - New Location | Existing Business - New to Eloy |
| | Existing Business - Lapsed License | Existing Business – Address Change |
| | Existing Business – Additional Business Activity | |

The issuance of a business license does not grant any rights to violate any provision of the zoning ordinance. There are very specific limitations on the use of a residence for business activity. Similarly, possession of a business license for a "Mobile" business does not confer the right to set on public or private property without the **written** consent of the owner **in possession**. Construction services offered to the public also require a contractor's license.

**CITY OF ELOY
BUSINESS LICENSE INFORMATION**

Name of Business Owner/Operator: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Social Security#: _____ Date of Birth: _____

Driver's License #: _____ State of Issuance: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

EMERGENCY CONTACT DURING NON-BUSINESS HOURS:

Name: _____ Telephone #: _____

Address: _____

***APPLICANT(S) IS (ARE) SUBJECT TO A CRIMINAL HISTORY
BACKGROUND CHECK***



**CITY OF ELOY POLICE
DEPARTMENT**

EMERGENCY RESPONSE LIST

BUSINESS NAME: _____

ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

OWNER: _____

HOME ADDRESS: _____

PERSONS TO CALL IN ORDER OF PREFERENCE

1. NAME: _____ PHONE: _____

2. NAME: _____ PHONE: _____

3. NAME: _____ PHONE: _____

4. NAME: _____ PHONE: _____

5. NAME: _____ PHONE: _____

BUILDING TYPE: (Masonry), (Frame), (Other) ? _____

ALARM SYSTEM: Yes _____ No _____ Type? _____

HAZARD MATERIAL: Yes _____ No _____

OPERATING HOURS: _____ - _____

OPERATING DAYS: _____ - _____



City of Eloy
Finance Department
628 North Main Street
Eloy, Arizona, 85131

Licensing Eligibility Requirement Form (ARS § 41-1080)

Effective October 1, 2008, a new law went into effect preventing the City from issuing a license (either new or renewed) to an individual unless the individual has provided the City of Eloy with one of the forms of identification listed below. **If your business is incorporated, provide a certificate of good standing.**

To become or remain eligible for a license, complete this form and present one of the forms of identification as listed below to the City of Eloy's Finance Department for processing. Please indicate which form is presented.

| | |
|--|--|
| | An Arizona driver license issued after 1996 or an Arizona non-operating identification |
| | A driver 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.) |
| | A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States. |
| | A United States certificate of birth abroad. |
| | A United States passport. |
| | A foreign passport with a United States visa. |
| | An I-94 form with a photograph. |
| | An United States citizenship and immigration services employment authorization document or refugee travel document. |
| | A United States certificate of naturalization. |
| | A United States certificate of citizenship. |
| | A tribal certificate of Indian blood. |
| | A tribal or Bureau of Indian Affairs affidavit of birth. |
| | Corporate certificate of good standing |

By my signature below, I hereby certify, under penalty of perjury, that I am legally authorized to be present in the United States.

Full Signature of Licensee

Date

Business License Fee Schedule

| Business License Description | Proposed Business License Fee |
|---|-------------------------------|
| General Fixed Business (that maintains a physical location in the City limits) – Other than specified below | \$75 |
| General Fixed Business (that do NOT maintain a physical location in the City limits) – Other than specified below | \$75 |
| Daily Business Transaction License | \$10 |
| Liquor License: | |
| <ul style="list-style-type: none"> • Series # 6 – On-sale retailers licensed to sell all spirituous liquors | \$250 |
| <ul style="list-style-type: none"> • Series # 7 – On-sale retailers licensed to sell beer and wine | \$175 |
| <ul style="list-style-type: none"> • Series # 8 – On-sale retailers licensed to sell beer | \$150 |
| <ul style="list-style-type: none"> • Series # 9 – Off-sale retailers licensed to sell all spirituous liquors | \$175 |
| <ul style="list-style-type: none"> • Series # 10 - Off-sale retailers licensed to sell beer and wine | \$150 |
| <ul style="list-style-type: none"> • Series # 11 - Off-sale retailers licensed to sell beer | \$125 |
| <ul style="list-style-type: none"> • Series # 16 – Restaurant retailers licensed to sell all spirituous liquor | \$250 |
| Hotel, Apartment, RV Parks, Mobile Home Parks and Rest Homes: | |
| <ul style="list-style-type: none"> • 1-10 Units | \$50 |
| <ul style="list-style-type: none"> • 11-50 Units | \$75 |
| <ul style="list-style-type: none"> • Over 50 Units | \$100 |
| Wholesalers, manufacturers, and providers of services without a fixed place of business within the City limits | \$75 |
| Pawnbrokers, secondhand dealers, junk dealer or junk collector | \$75 |
| Barber Shops/Beauty Operators and owner | \$50 |
| Barber/Beauty Operators – Individual | \$25 |
| Peddlers and Transient Merchants are defined in this chapter: | |
| <ul style="list-style-type: none"> • Application Fee | \$10 |

| | |
|---|-----------------------------------|
| • Per Day | \$25 |
| • Each Helper | \$5 |
| • Per Month in excess of one month | \$300 |
| Mobile Vendor | \$75 plus application fee of \$25 |
| Promoters of entertainment, circuses, bazaars, etc., who receive a percentage of receipts or other consideration for their services. Each such promoter shall also obtain liability insurance of a minimum of \$1 million naming the City as insured. | \$100 per week |
| Animal Show | \$100 a week |
| Circus Parade Only | \$50 a day |
| Handbill Distributor | \$10 a day |
| Amusement Company, such as Ferris wheel, merry go-round not part of circus | \$175 a day |
| Wrestling/Boxing/Martial Arts Exhibition | \$175 a day |
| Road Show, Carnival or Circus | \$175 a day |
| Practice of Palmistry, Phrenology, Astrology, Fortune Telling, Mind Reading, Clairvoyancy, Magic or any healing practices not licensed by the State of Arizona or any similar calling without a fixed place of business. | \$250 |
| Yard Sale | \$0 |
| Adult Oriented Business | See Article VII |
| Medical Marijuana: | |
| • Annual Medical Marijuana Business License Application and Investigation Fee | \$500 |
| • Annual Medical Marijuana employee License Fee (per employee) | \$250 |
| • Annual Medical Marijuana Business License Fee | \$250 |