



# Town of Wellton

28634 Oakland Avenue • P.O. Box 67 Wellton, Arizona 85356 • (928) 785-3348 • Fax (928) 785-4374

## Application for Business License

*This application must be filed before you can lawfully engage in business in the Town of Wellton. A separate license is necessary for each business location except as provided by ordinance. This license is non-transferable and shall be valid until revoked by the Town of Wellton License and Tax Collector. The business license fee is \$50.00 per year.*

| Business Information   |                          |          |
|--|--------------------------|----------|
| Applicant  |                          | Date     |
| Business Name  |                          |          |
| Mailing Address  |                          |          |
| City   | State                    | Zip Code |
| Business Phone   | E-Mail                   |          |
| Primary Location of Business (Physical Address) Street, City, State, Zip |                          |          |
| Description of Business  |                          |          |
| Date Business Started  | Other Business Locations |          |

| Identification of Owner, Partners, Corporate Officers |                               |   |
|---|-------------------------------|---|
| Please list Officers below:                           | Type of Ownership:            | Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> |
| Name & Title:   | Complete Residential Address: |   |
|   |                               |   |
|   |                               |   |
| Social Security #                                     | Birthdate:                    |   |
| Driver's License #                                    | State Issued:                 |   |

| Permit Information                                 | <i>All applicants must have a current Arizona State Tax Number and Wellton Tax Code Designation to get a Town of Wellton Business License.</i> |                             |
|--|--|-----------------------------|
| Do you have an Arizona State Tax Number?           | Yes <input type="checkbox"/>   | No <input type="checkbox"/> |
|  | If so, what is the number?   |                             |
| If so, do you have a Wellton Tax Code Designation? | Yes <input type="checkbox"/>   | No <input type="checkbox"/> |

| FOR OFFICE USE ONLY  |                               |                 |
|----------------------|-------------------------------|-----------------|
| Business Permit No.: | Amount Due:<br><b>\$50.00</b> | Effective Date: |

| <b>Location Specifics</b>  |                              |                             |
|--|------------------------------|-----------------------------|
| Has this property been used as a business before?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If used as a business before, describe type:                         |                              |                             |
| Is there a building on the premises?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If so, will the building be used as your place of business?          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, has any remodeling work been done prior to this application? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, what work has been done?                                     |                              |                             |
| If no, is remodeling planned?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If no, is the building vacant at this time?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, how long has it been vacant?                                 |                              |                             |
| Is this property owned or leased by the business?                    |                              |                             |
| Name of Property Owner:  |                              |                             |
| Mailing/Address:   | Phone:                       |                             |
| How much parking area is available for business?                     |                              |                             |
| Is the parking area paved and striped?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If an alley is used for access – is the alley paved?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| <b>Signatures</b>  |        |           |
|--|--------|-----------|
| <i>This application will be accepted only when the applicant is in compliance with all Federal, State and Town laws.</i> |        |           |
| Type or print name:  | Title: | Signature |

| Department Approval                              |                                  |                                     |
|--|----------------------------------|-------------------------------------|
| Planning & Zoning<br>Current Zoning Designation: | Approve <input type="checkbox"/> | Disapprove <input type="checkbox"/> |
| Remarks:   |                                  |                                     |
| Building Safety Department                       | Approve <input type="checkbox"/> | Disapprove <input type="checkbox"/> |
| Remarks:   |                                  |                                     |
| Fire Department                                  | Approve <input type="checkbox"/> | Disapprove <input type="checkbox"/> |
| Remarks:   |                                  |                                     |
| Police Department                                | Approve <input type="checkbox"/> | Disapprove <input type="checkbox"/> |
| Remarks:   |                                  |                                     |