

***** **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)

Mobile Business ___ Yes ___ No

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		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:**
- | | |
|---|---|
| <input type="checkbox"/> New Business | <input type="checkbox"/> New Owner - Existing Business |
| <input type="checkbox"/> Existing Business - New Location | <input type="checkbox"/> Existing Business - New to Eloy |
| <input type="checkbox"/> Existing Business - Lapsed License | <input type="checkbox"/> Existing Business – Address Change |
| <input type="checkbox"/> 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