



# City of Tombstone

P.O. Box 339 613 E. Allen Street  
Tombstone, AZ 85638

Phone (520) 457-2202 e-mail: [reception@cityoftombstoneaz.gov](mailto:reception@cityoftombstoneaz.gov) Fax (520) 457-3516

## **NEW BUSINESS LICENSE AND RENEWAL APPLICATION**

### **Please fill in Front and Back Side**

#### ➤ BUSINESS INFORMATION

Name of Business: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Business Location (Physical Address) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Business Description: \_\_\_\_\_

Arizona Sales Tax # (Please provide copy): \_\_\_\_\_

EIN# \_\_\_\_\_

Health Permit ID # If applicable (Please provide copy): \_\_\_\_\_

Liquor License # If applicable (Please provide copy): \_\_\_\_\_

Contractor's License # If applicable (Please provide copy): \_\_\_\_\_

Contractor Type: \_\_\_\_\_

If Contractor, is your company bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Bonding Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

If your business address is within the City of Tombstone you must provide proof of legal occupancy. Please enclose a copy of one of the following:

Title or Deed \_\_\_\_\_

Property tax payment record \_\_\_\_\_

Lease or Rental Agreement \_\_\_\_\_

Utility Billing Record for the Business Address \_\_\_\_\_

➤ **BUSINESS OWNER INFORMATION**

(Please enter names of Owners, Partners, or Corporate Officers below.)

	OWNER 1	OWNER 2	OWNER 3
Name			
Title			
Mailing Address			
City, State, Zip			
Driver's Lic. #			
Date of Birth			
Phone #			

➤ **BUSINESS MANAGER INFORMATION**

\*Manager's Name 1: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Manager's Name 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Manager's Name 3: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***PLEASE CHECK ONE:***

- \_\_\_\_\_ Mail your Business License
- \_\_\_\_\_ Pick up License at City Hall

➤ **AFFIRMATION:**

I affirm that the above statements are true and correct, the licenses and permits are current and up to date and that the license renewal or initial application herein applied for is to cover only the business indicated above and the location above set forth.

I further affirm that state, county and city taxes for the above named business are either current or repayment arrangements have been made with the appropriate authority.

I further affirm that in the event that per Ordinance # 2011-10 if I fail to remain current or fail to maintain the status of the above permits and conditions will result in revocation of the City Business License. Reinstatement shall require approval of Mayor and Council.

Applicant Signature: \_\_\_\_\_

.....  
**OFFICIAL USE ONLY**

License Fee: \$ \_\_\_\_\_

Account #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

License #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

City Staff Initials: \_\_\_\_\_