



CITY OF WILLCOX

FOR OFFICE USE ONLY

Department of Administration, Office of Finance

101 S. Railroad Avenue, Suite B

Willcox, Arizona 85643-2198

(520) 384-4271 fax (520) 384-2590

Account Number _____

Permit# Issued _____

Date of issue _____

Expiration Date _____

APPLICATION FOR TEMPORARY BUSINESS PERMIT- \$10.00

This permit is valid for a period not to exceed six (6) months. Applicants must provide a copy of the state transaction privilege sales tax license, as well as other licensing and/or certification information pertaining to the business permit being applied for.

PLEASE PRINT OR TYPE- COMPLETE ENTIRE FORM (Indicate "N/A" in sections not applicable)

Your business will be assigned an account number. Refer to the account number in any future correspondence relating to your permit.

Type of Business (check ONE) _____ Sole proprietor _____ Corporation _____ Partnership _____ Other _____

Legal Name of Business _____ State Sales Tax ID Number _____

Driver's License / Identification# _____ Federal Tax ID Number _____

Trade Name or dba (doing business as) _____ Owner's Name _____

Physical Location _____

Street Address

City, State and Zip Code

Business Phone _____ Fax number (optional) _____

Mailing Address _____

Street Address

City, State and Zip Code

A description of the proposed use or event:

Length of time for which the permit is desired, including the starting date, and hours of operation for each day.

A description of what sanitary facilities are available at the location of proposed use:

If business is a corporation, the state where incorporated and the statutory agent:

List of officers/ owners of the business:

If the use involves peddlers, solicitors or transient merchants, the names of all salespersons and their addresses:

Type of product(s) produced, sold or the services rendered. Specify if the materials and products will include flammable or toxic materials. (Provide explanation: this information will be used for emergency purposes only.)

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

SIGNATURE OF APPLICANT _____ **DATE** _____

Relationship to business (owner, manager, etc.) _____