



Business License Application Instructions

Important: All sections of this application must be completed or the application may be returned unprocessed.

SECTION A: BUSINESS INFORMATION

1. Enter the **legal business name** of the owner or employing unit (name of corporation as listed in its articles of incorporation, or individual and spouse, or organization owning or controlling the business).
2. Enter the name of the business/**DBA (doing business as)**. If same as #1 above, enter "same."
3. Enter the **physical location** of the business. This cannot be a P.O. Box or route number.
a & b: Enter the square footage in the appropriate spot for **Youngtown business locations only**
4. Enter the **business telephone number**, including the area code.
5. Enter the **business fax number**, including the area code.
6. Enter the **mailing address** where all correspondence is to be sent. You may use your home address, corporate headquarters, or accounting firm's address, etc.
7. a & b Enter the **email address** and **web address** if applicable.
8. Enter the **start date** of business activity in **the Town of Youngtown**.
9. Enter the **number of employees** at this location
10. Enter the **Federal Employer Identification Number (FEIN)**. The FEIN is required for all employers.
11. Enter the **Social Security Number** of sole proprietors that do not have a FEIN number established.
12. Identify the **ownership** type for the business.
13. Identify the **owners (partners, corporate officers of the business)**. Enter as many as applicable; attach a separate sheet if additional space is needed.
14. Enter the **license/account/file numbers and provide copies of any additional state/county/federally-issued licenses**.

SECTION B: BUSINESS ACQUISITION INFORMATION

1. Enter the date the business was **acquired**.
2. Enter the name of the **Previous Owner(s)**.
3. Enter the former **Business Name**, if different.

SECTION C: LANDLORD/PROPERTY MANAGEMENT COMPANY INFORMATION

1. Enter the name of your **landlord**.
2. Enter the **mailing address** of your landlord.
3. Enter the **telephone number** of your landlord.
4. Identify if this is a **sublease**.

SECTION D: BUSINESS TYPE/BUSINESS ACTIVITY/TYPE OF CONTRACTOR

1. Describe the major business activity (principal product you manufacture, commodity sold, or services performed). Your description of the business is very important because it determines your license classification and corresponding licensing fee.
2. Check the category that most suits your business. If more than one, please mark all that apply indicating which ones are the primary business functions. Proceed to the section indicated in italics.

SECTION E: APPLICANT SIGNATURE

The application **must** be signed by a representative of the business

SECTION F: HOME OCCUPATIONS

Complete this section only if you will be operating out of your home

1. Review and sign the Home Occupations Limitations addendum

Legal Arizona Workers Act Compliance form – Provide proof of lawful presence in the United States
Licensing Eligibility Verification Form for Non-Sole Proprietor – Provide license #, business name, address, sign and date.



Town of Youngtown
Business License Application

All applicable sections of this application must be completed. Processing may be delayed for incomplete applications.

APPLICATION TYPE: New Business Ownership Transfer Location Change

SECTION A: BUSINESS INFORMATION (Please print legibly or type the information on this application)			
1. Legal Business Name*			
2. Business or DBA (doing business as) name*			
3. Physical Location of Business (Street, City, State and Zip Code) * -- do not use a P.O. Box or Route Number			
3a. Commercial - sq ft*	3b. Home Based - sq ft*		
4. Business Phone Number	5. Business Fax Number		
6. Mailing Address (Street, City, State and Zip Code) *			
7a. Email address (if applicable)	7b. Web address (if applicable)		
8. Start Date of Business/Activity in Youngtown*	9. Number of employees at this location? *		
10. Federal Employer Identification Number (required for employers and entities other than Sole Proprietors) *			
11. Social Security Number (Sole Proprietors) *			
12. Type of Ownership*			
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Association	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sub-Chapter S Corporation	<input type="checkbox"/> Other (specify) _____	
13. Identification of Owners, Partners, Corporate Officers, Members (or Managing Members) *			
Name (First, MI, Last) *	Title*	Complete Residential Address*	Telephone Number*
14. Enter the Certificate/License number(s) and provide copies of the following items (if applicable to your business type): *			
Arizona Transaction Privilege Tax License	<input type="checkbox"/> Copy	License #	
Arizona Registrar of Contractors License(s) -- list all issued to the business	<input type="checkbox"/> Copy	License # _____ License # _____ License # _____	
County Health Certificate(s)	<input type="checkbox"/> Copy	License #	
Any applicable state-issued professional license(s)	<input type="checkbox"/> Copy	License #	
Articles of Incorporation/Articles of LLC	<input type="checkbox"/> Copy	File #	
Other (Please specify)			

SECTION B: BUSINESS ACQUISITION INFORMATION (complete this section if you acquired all or part of an existing business)

1. Date Acquired*

2. Name(s) of Previous Owner(s)*

3. Former Name of Business (if different)

If you purchased a business, be sure all taxes and licensing fees have been paid by the former owner(s). You may be liable for any unpaid fees.

SECTION C: LANDLORD/PROPERTY MANAGEMENT COMPANY INFORMATION (complete this section if renting property in the Town of Youngtown)

1. Name*

2. Address*

3. Telephone Number* 4. Is this a sublease?* YES NO

SECTION D: BUSINESS TYPE/BUSINESS ACTIVITY/TYPE OF CONTRACTOR

1. Description of Business*

2. Check all categories that relate to your business and complete any additional sections identified in italics below:*

<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Contractor (General/Subcontractor)
<input type="checkbox"/>	Retail	<input type="checkbox"/>	Professional
<input type="checkbox"/>	Home-based Occupations; <i>section F</i>	<input type="checkbox"/>	Service
<input type="checkbox"/>	Daycare (Commercial/In-Home) <i>section F</i>	<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Assisted Living Facility; <i>section F</i>	<input type="checkbox"/>	Other _____

SECTION E: APPLICANT SIGNATURE

Under penalty of perjury I, the applicant, declare that the information provided on this application is true and correct. This authority is to remain in full force and effect until the Town of Youngtown has received written termination notification.

Type or Print Name*	Date*
Signature*	Title*

WRITTEN NOTIFICATION IS REQUIRED TO CLOSE A BUSINESS LICENSE ACCOUNT

A \$25.00 non-refundable application fee will be collected for each application received. Additional license fees will also apply and are dependent on the type of business. Please contact Business Licensing at (623) 933-8286 or review the fee schedule found on our website for more information.

SECTION F: HOME OCCUPATIONS

Home occupations shall be conducted in accordance with Section 17.54 Home Occupations, and all other applicable standards reflected within the Youngtown Municipal Code. Completion of the Home Occupations Statement is also required as part of this application.

Description of Use: Include a summary of the proposed use including any specifics (hours of operation, activities, items used related to the business, machinery used, how many customers are anticipated to come to the home, delivery schedules/times).

I hereby certify that I have read and understand the applicable regulations concerning Home Occupations and agree to comply with them. Furthermore, it is my understanding that failure to comply with the applicable regulations, or complaints received from local residents may cause my license to be revoked:

Signature of Applicant:

Date:

Note: Approval of this form shall not be construed as implied or expressed certification that the premises listed above conforms to the Zoning Ordinance or other adopted Town Code. Approval of this form is limited certification that the above-described use is a permitted use within the applicable zoning district. Additional zoning requirements are contained in Chapter 17 of the Youngtown Town Code. Further information or clarification can be obtained from the Community Development Department at 623-933-8286.

Applicant Checklist

Please ensure all required documents are available for review or reproduction, upon submission of this application, to avoid a delay in processing.

- Is a copy of the Arizona Transactional Privilege (Sales) Tax (TPT) attached?
- Did you attach supplemental documents required (ROC License, Certificate of Good Standing, Federal EIN, etc.), if applicable?
- Do you have a Certificate of Occupancy from Community Development and Sun City Fire and Medical, if required?
- Did you complete the Non-Sole Proprietor Verification or Individuals and Sole Proprietors Eligibility Requirements Form?
- If operating out of a physical location in Youngtown, did you provide proof of ownership of your location, or if renting did you provide a copy of your lease?
- Is your application completed and signed?

FOR OFFICE USE ONLY – CODE & ZONING CLEARANCE		
Reviewing Officer to attach any additional pages as necessary.		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED WITH CONDITIONS STATED BELOW <input type="checkbox"/> CERTIFICATE OF OCCUPANCY ISSUED	Reason for denial:	
Conditions of approval:		
Authorized Signature:	Title:	Date:
FOR OFFICE USE ONLY – SUN CITY FIRE MARSHALL CLEARANCE		
Reviewing Officer to attach any additional pages as necessary.		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED WITH CONDITIONS STATED BELOW	Reason for denial:	
Conditions of approval:		
Authorized Signature:	Title:	Date:
FOR OFFICE USE ONLY – BUILDING INSPECTOR CLEARANCE		
Reviewing Officer to attach any additional pages as necessary.		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED WITH CONDITIONS STATED BELOW	Reason for denial:	
Conditions of approval:		
Authorized Signature:	Title:	Date:

BUSINESS LICENSE ISSUANCE INFORMATION			
<input type="checkbox"/>	APPROVED	Authorized Signature:	Business License #:
<input type="checkbox"/>	DENIED	Date Issued:	



**TOWN OF YOUNGTOWN
PUBLIC SAFETY EMERGENCY CONTACT INFORMATION**

Dear Business/Property Owner:

In an effort to provide you and our community with better service, we are asking that you take a few minutes to complete the following information. This information will be used by the Town of Youngtown in the event of a problem at your business/property. ***Your personal information will remain confidential.***

Property Information:

Business/Owner's Name:
Address (include unit or suite # if applicable)

Person(s) to contact in case of an emergency. (Preferably within 30 minutes or less arrival time)

Name	
Address	Home Phone
Cell Phone	Pager

Name	
Address	Home Phone
Cell Phone	Pager

If this is a rental property please list tenant information:

Name	Phone
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Alarm Company Information

Name	License #
Address	Phone

Thank you for providing the requested information. Your signature is requested to confirm the information is accurate to the best of your knowledge and belief.

Signature of Business/Property Owner

Date



Business License Fee Schedule

The following fees are set forth in Town Code Title 5, §Section 5.04.060. A non-refundable application fee of \$25.00 will apply to all applications unless otherwise specified below.

Classification	License Fee
Hospital, Rest Home, Nursing Home	\$5.00 per patient room
Hotel	\$200.00
Home Occupation (As defined in Section 17.04.030)	\$60.00
Licensed Liquor Sales	\$200.00 application fee
Series 6	\$300.00
Series 7	\$200.00
Series 8	\$100.00
Series 9	\$200.00
Series 10	\$100.00
Series 11	\$200.00
Series 12	\$200.00
Series 14	\$100.00
Series 15	\$200.00
Series 16	\$200.00
Massage Establishment	Annual Fee \$100.00 Application Fee \$200.00
Massage Manager Permit	Annual Fee \$100.00 Application Fee \$200.00
All Notifications of change of location of a massage establishment shall be accompanied by a fee of \$200.00	
Medical Marijuana Cultivation, Infusion or Manufacturing Facility	Annual Fee \$100.00 Application Fee \$200.00
Medical Marijuana Dispensary	Annual Fee \$100.00 Application Fee \$200.00
Models, Escorts, Dancers	See fees for sexually oriented businesses
Motel	\$200.00
Off-Track Betting (Wagering)	\$500.00 per machine
Peddler (solicitor, hawker, canvasser or itinerant vendor, invited by private Town resident)	Annual Fee \$100.00 + Bond Application Fee \$200.00
Professional Services (Attorney, Chiropractor, Chiropodist, Dentist, Doctor, Osteopath, Counselor, Consultant)	\$100.00
Property Management (Commercial)	\$60.00
Rental ownership of commercial property (one or more commercial rental properties in Youngtown) if owner is not using services of a property management company	\$60.00
Sexually Oriented Business	Annual Fee \$100.00 Application Fee \$200.00
Sexually Oriented Business Employee	Annual Fee \$100.00 Application Fee \$200.00
Storage Warehouse (Mini or Full Size)	\$100.00
Tattoo and/or Body Piercing Establishment	Annual Fee \$100.00 Application Fee \$200.00
Tattoo Artist or Practitioner and/or Body Piercing Practitioner	Annual Fee \$100.00 Application Fee \$200.00
Transient Business	\$60.00
Vending Machine	\$50.00 per machine
Yard Service	\$60.00