****** **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

_____ **STATE TAX I.D. #**

_____ **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: _____ Telephone: _____

Address: _____ Mailing Add: _____

City/State/Zip: _____ City/State/Zip: _____

Date Business Began: _____ Type of Ownership: _____ Indiv. _____Partnrshp. _____ Corp.

Name of Owner(s): _____

Home Address: _____ Telephone: _____

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

Date paid: _____ Check ____ #_____ Cash ____ Annual $_____ Prorated $ _____

DEPARTMENT	INITIALS	APPROVED	Approved w/ Conditions	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:

- ☐ **New Business**
- ☐ **New Owner - Existing Business**
- ☐ **Existing Business - New Location**
- ☐ **Existing Business - New to Eloy**
- ☐ **Existing Business - Lapsed License**
- ☐ **Existing Business – Address Change**
- ☐ **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: _____

Date of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License #: _____ State of Issuance: _____

Social Security #: _____

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: _____ - _____

(Revised 10/10/2011)