



CITY OF SAN LUIS
Department of Development Services
Business License Application
License & Tax Division
P.O.Box 3750-1090 E. Union Street
San Luis, AZ 85349
(928) 341-8563

Received by: _____

General Business License Application TBP Special Use/Temporary Fireworks

This application must be filed and approved before you can lawfully engage in business in the City of San Luis, Arizona. A separate license is necessary for each business location. This license is non-transferable and shall be valid until owner requests cancellation or revoked by the city license and tax division.

<input type="checkbox"/> New Applicant	<input type="checkbox"/> Location Change	<input type="checkbox"/> Information Update	<input type="checkbox"/> Change of Use	BL No.:
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- 1) Business Name: _____
A) Doing Business As: _____
- 2) Location of Business: _____ Office Use Only
- 3) Mailing Address: _____
- 4) Business Phone No.: _____ E-mail: _____
- 5) **Brief explanation of services/ sales that will be conducted: _____

- 6) AZ State Transaction Privilege License (Tax) No. **or** EIN No. (Please provide copy) _____
- 7) AZ State Contractor License No. (Please provide copy) _____
- 8) Will Alcoholic Beverages be served/sold on premises? Yes No State Liquor License No. _____
- 9) (Food Vendors) County Health Department Permit No. _____
- 10) Date Business will begin: _____
If temporary or itinerant, date business will end: _____
- 11) Owner(s) Name: _____
- 12) Driver's License No. / ID _____
- 13) Type of Ownership-Proprietor/Partnership/Corporation
A) *Proprietorship – Owner name* _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____
B) *Partnership – 1. Name* _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____
2. Name _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____
C) *Corporation Name* _____
Corporation Address _____
Corp. Phone Number _____
President _____
Home Address _____
Vice President _____
Home Address _____

- 13) If Business was purchased, former owner/name _____
- 14) Will Business location also be used as a residence? _____
- 15) Other Business Locations in San Luis, AZ: _____

- 16) Has remodeling work been done prior to this application? _____
Describe remodeling or provide permit numbers. _____
- 17) How much parking is available for business? _____
Is parking area paved? Yes No *If an alley is used for access, is alley paved?* Yes No N/A
- 18) Is this property owned or leased by the business? _____
If leased, give property owner name _____

PLEASE PROCEED TO THE FOLLOWING DEPARTMENTS IN LISTED ORDER. This is necessary for all new businesses, new owners, location changes, and/or changes or additions to any type of business. Application can be processed internally with the time frame of 5-10 days.

- 1) DEPT. OF DEVELOPMENT SERVICES/PLANNING & ZONING DIVISION** – (1090 E. Union St., San Luis, AZ 85349)
Change of use or establishment of a new use may require compliance with current parking, sign, landscaping or other development regulations. Please contact this office at (928) 341-8563, if you have any questions or need assistance with zoning requirements.

Use approved Use approved w/conditions Use disapproved

Zoning: C-1 C-2 R1 R2 RUS L1 MH

Comments/Requirements _____

Signature of Department _____ Date: _____

- 2) BUILDING SAFETY** – (1090 E. Union St., San Luis, AZ 85349) (928) 341-8565

Signature of Department _____ Date: _____ Approved Disapproved

Comments/Requirements _____

- 3) FIRE DEPARTMENT** – (1165 N McCain Avenue, San Luis, AZ 85349) (928) 341-8550

Signature of Department _____ Date: _____ Approved Disapproved

Comments/Requirements _____

- 4) POLICE DEPARTMENT** – (1030 E. Union St, San Luis, AZ 85349) (928) 341-2420

Signature of Department _____ Date: _____ Approved Disapproved

Comments/Requirements _____

I swear that all statements made in this application are true and complete the best of my knowledge. I understand that any false statements of material facts and failure to pay in a timely manner will be subject me to cancellation of license. I also agree to comply with all Federal, State, and City laws as pertains to this business. Applicant has read and understands the above comments, limitations, and/or requirements in connection to the issuance of the business license. The city will revoke business license for non-compliance to above and reserves the right to deny or revoke business license for above and stated and/or violations.

Name: _____ Signature: _____ Date: _____