



BUSINESS LICENSE APPLICATION

A FEE OF \$60 FOR NEW LICENSE, \$40 FOR RENEWAL, OR \$20 FOR TEMPORARY MUST ACCOMPANY THIS APPLICATION
PLEASE PRINT OR TYPE

THIS APPLICATION MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

SECTION I. Business Information

Check One: <input type="checkbox"/> New Business to Marana <input type="checkbox"/> New Owner of Existing Business		Check One: <input type="checkbox"/> Inside Town Limits <input type="checkbox"/> Outside Town Limits		Check One: <input type="checkbox"/> Annual License <input type="checkbox"/> Temporary License		Check All That Apply: <input type="checkbox"/> Name Change Only; Date Changed _____ <input type="checkbox"/> Location Change; Date Changed _____		Date Business Started in Marana	
Former Owner (If Applicable)		Previous Town License #		Current Town License #		Doing Business As (DBA) Name Known to the Public			
Street #		Direction		Street Name		Type		Suite/Apt#	
City		State		Zip Code +4		(Area Code) Business Telephone #			
E-Mail Address			State Sales Tax (TPT) #			Federal ID (EIN) #			

SECTION II. Additional Business Information, Mailing & Telephone Number

Legal Business Name of Entity or Individual Name									
Street #		Direction		Street Name		Type		Suite/Apt#	
City		State		Zip Code +4		(Area Code) Alternative Business Telephone #			

SECTION III. Business Ownership & Record Location

Ownership:		<input type="checkbox"/> Individual/ Sole Proprietor		<input type="checkbox"/> LLC		<input type="checkbox"/> Corp.- State Inc. # _____		<input type="checkbox"/> Partnership		<input type="checkbox"/> Ltd. Partnership		<input type="checkbox"/> Other _____			
Owners, Partners, LLC, Members, or Officers (For Additional Names Please Attach List)		Name						Title							
		Home Address						Drivers License #							
		City			State			Zip Code +4			(Area Code) Telephone #				
		Home Address						Drivers License #							
		City			State			Zip Code +4			(Area Code) Telephone #				
		Primary Contact/ Manager:		Name						Title					
Corporate or LLC Statutory Agent		Name						Title						(Area Code) Telephone #	

SECTION IV. Business Type

Business Type(s):		<input type="checkbox"/> Retail Sales		<input type="checkbox"/> Wholesaler		<input type="checkbox"/> Service Only		<input type="checkbox"/> Construction Contracting		<input type="checkbox"/> Restaurant/ Bar		<input type="checkbox"/> Donation Bins	
		<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Hotel/Motel		<input type="checkbox"/> Amusements		<input type="checkbox"/> Commercial Real Estate		<input type="checkbox"/> Assisted Living home		<input type="checkbox"/> Other _____	
Describe Nature of Business										# of Employees		Contractors #	



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SECTION V. Business Premises Status

Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete section VI		If you do not own your business location, complete Landlord/Property Manager information below	
Landlord/Property Manager Name		Address	
		City	
		State	
(Area Code) Telephone #	E-mail Address	Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION VI Home Based Business (Only complete this section if your business is in a residential district)

Please answer the following questions in regard to your home based business with a check mark in the "yes" or "no" box supplied:

1. Will this business be the main use to the residence? (people will not live here)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will employees come to the home? (other than people that live in the home)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you plan on using your garage or carport for storage? (may only use a bedroom or alternate room inside the house)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will a service or commodity be sold that invites customers to your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will commercial type vehicles be kept at this residence for business use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you operating any mechanical equipment at your residence that is not normally used for domestic, hobby, standard office or household purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will this business generate pedestrian or vehicle traffic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VII. Licensing Eligibility (Only complete this section if your business is formed as an Individual/ Sole Proprietor)

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law:
Please check the box indicating lawful presence:

<input type="checkbox"/> An Arizona drivers license issued after 1996, or an Arizona non-operating identification license
<input type="checkbox"/> A driver license issued by a state that verifies lawful presence in the United States (See overview of States' Driver's License Requirements)
<input type="checkbox"/> A birth certificate or delayed birth certificate issued in any state, territory, or possession of the United States
<input type="checkbox"/> A United States certificate of birth abroad
<input type="checkbox"/> A United States passport
<input type="checkbox"/> A foreign passport with a United States visa
<input type="checkbox"/> An I-94 form with a photograph
<input type="checkbox"/> A United States citizenship & immigration services employment authorization document or refugee travel document
<input type="checkbox"/> A United States certificate of naturalization
<input type="checkbox"/> A United States certification of citizenship
<input type="checkbox"/> A tribal certificate of Indian blood
<input type="checkbox"/> A tribal or bureau of Indian affairs affidavit of birth

This provision does not apply to an individual, if **all** of the following apply:

1. The individual is a citizen of a foreign country, or, if at the time of application, the individual resides in a foreign country.
2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.



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Section IX. Certification

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept that the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town of Marana. Incomplete applications may not be processed.

I certify that I have read and understand the ARS Revised Statute 9-495 & 9-834 located at [ARS 9-495 & ARS 9-834 maranaaz.gov/arsnotice](http://ars.az.gov)

I certify that I have read and understand the Town of Marana Code Title 9 located at www.maranaaz.gov

Printed Name(s)	Signature(s)	Title(s)	Date
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For information required by ARS 9-836, please see here: www.maranaaz.gov/business-licenses

FOR OFFICE USE ONLY

Department./Area Review				Initials	Comments
Building	C.O. Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Planning	Sign Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Police			<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Finance			<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		