



MESSAGE MANAGER BUSINESS LICENSE APPLICATION

A FEE OF \$147 FOR NEW LICENSE, \$75 APPLICATION FEE, \$50 ANNUAL LICENSING FEE, \$22 BACKGROUND FEE 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. Applicant Information

Applicant Name: Last Name		First Name	Middle Name	
Home Address:	Street #	Direction	Street Name	Type
Suite/Apt#				
City	State	Zip Code +4	(Area Code) Home Telephone #	
E-Mail Address				
Mailing Address (If different from Home Address):				
Street #	Direction	Street Name	Type	Suite/Apt#
City	State	Zip Code +4		
Previous names by which you have been known				
Date of Birth	Place of Birth	Sex	Race	
Color of Eyes	Weight	Height	Color of Hair	

SECTION II. Applicant's Home Address History for the Past 5 Years

From	To	Complete Street Address	City, State, Zip

SECTION III. Applicant's Business, Occupation or Employment History for Past 5 Years

From	To	Business Name	Business Address

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SECTION IV. Background Information

Have you ever been convicted of a felony or misdemeanor, excluding civil traffic offenses? Yes No
If yes, please list each offense below.

Date	Offense	Location of Conviction	Penalty

Have you ever had a business license suspended, denied or revoked in this or any other state? Yes No
If yes, please list each one below.

Date	License Type	State	Reason	Subsequent Business Activity/ Occupation

Section V. Certification

I certify that the statements made in this application are true and complete to the best of my knowledge. I hereby give consent to the Town of Marana to investigate my background, including any police records or records of any kind or description. I waive any claim or cause of action regarding the use of my background information or police record that I may have against the Town of Marana or it's agents and employees, and against any other individual or agent disclosing or releasing background information to the Town of Marana. 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 www.maranaaz.gov/arsnotice

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

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		