





# CITY OF WILLCOX

## Department of Administration, Office of Finance

101 S. Railroad Avenue, Suite B  
Willcox, Arizona 85643-2198  
(520) 384-4271 fax (520) 384-2590

FOR OFFICE USE ONLY	
Account Number	_____
Permit # Issued	_____
Date of Issue	_____
Expiration Date	_____

### APPLICATION FOR TEMPORARY BUSINESS PERMIT

*This permit is valid for a period not to exceed six (6) months. Applicants must provide a copy of the state transaction privilege sales tax license, as well as other licensing and/or certification information pertaining to the business permit being applied for.*

#### PLEASE PRINT OR TYPE—COMPLETE ENTIRE FORM (indicate "N/A" in sections not applicable)

Your business will be assigned an account number. Refer to the account number in any future correspondence relating to your permit.

Type of Business (check ONE)  Sole proprietor  Corporation  Partnership  Other \_\_\_\_\_

Legal Name of Business \_\_\_\_\_ State Sales Tax ID Number \_\_\_\_\_

Trade Name or dba (doing business as) \_\_\_\_\_ Owner's Name \_\_\_\_\_

Physical Location \_\_\_\_\_  
Street address \_\_\_\_\_ City, State and Zip code \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax number (optional) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street address \_\_\_\_\_ City, State and Zip code \_\_\_\_\_

A description of the proposed use or event:

\_\_\_\_\_  
\_\_\_\_\_

Length of time for which the permit is desired, including the starting date, and hours of operation for each day:

\_\_\_\_\_  
\_\_\_\_\_

A description of what sanitary facilities are available at the location of the proposed use:

\_\_\_\_\_  
\_\_\_\_\_

If business is a corporation, the state where incorporated and the statutory agent:

\_\_\_\_\_

List of officers/owners of the business:

\_\_\_\_\_  
\_\_\_\_\_

If the use involves peddlers, solicitors or transient merchants, the names of all salespersons and their addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of product(s) produced, sold or the service(s) rendered. Specify if the materials and products will include flammable or toxic materials: (Provide explanation: This information will be used for emergency purposes only.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Relationship to business (owner, manager, etc.) \_\_\_\_\_