

OUT OF TOWN BUSINESS LICENSE APPLICATION

Town of Carefree
 Administrative Offices
 8 Sundial Circle
 Carefree, AZ 85377

Make \$40 check payable to: Town of Carefree
Mail to: PO Box 740
 Carefree, AZ 85377



| SECTION I. Business Information | | | | | | | | Office Use Only | |
|--|--|-----------------------------------|------------------------|--|------|-------------------------|------------|--|--|
| DBA (Name on Sign) | | | Official Business Name | | | State Sales Tax # (TPT) | | Business License # 22/23-A | |
| Primary Business Type: (Check One) <input type="checkbox"/> Retail Sales <input type="checkbox"/> Service <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Construction/Contracting <input type="checkbox"/> Commercial Rentals (Attach list of tenant names and contact information) <input type="checkbox"/> Residential Rentals (# of units _____) <input type="checkbox"/> Farmers Market <input type="checkbox"/> Other _____ | | | | | | | | Application Fee CK# _____ CC _____ Cash _____ | |
| Describe Nature of Business | | | | | | | | Receipt# | |
| # of Employees (including Owner) | | Date Business Started in Carefree | | Contractor's License # (If applicable) | | | | Initials | |
| APPLICATION PURPOSE: (Check One) <input type="checkbox"/> New Business to Carefree <input type="checkbox"/> License Renewal <input type="checkbox"/> Updating Information | | | | | | | | Comments | |
| Contact Name(s) | | | | Title(s) | | | | | |
| Business Physical Address (no PO Box) | | | Suite/Apt# | Business Mailing Address (PO Box) | | | Suite/Apt# | | |
| City | | State | Zip Code | | City | | State | Zip Code | |
| Business Phone # | | CEL Phone # or Additional Phone # | | | | | | | |
| E-Mail | | | | Business Website | | | | | |
| Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp.-State/Inc. # _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____ | | | | | | | | <small>Describe</small> | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Do you rent a portion of your business premises to someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of other Person/Entity: _____ | | | | | | | | | |
| SECTION II. Applicant's Certification: I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any taxes due to the State of Arizona. NOTE: Incomplete applications may not be processed. | | | | | | | | | |
| Print Name(s) | | | | Signature(s) | | | | Date | |

FOR CREDIT CARD PAYMENT Authorization for \$44.00 payment (\$4.00 credit card fee) to the Town of Carefree: Signature _____ Date: _____

CREDIT CARD NUMBER _____ EXPIRES _____ CCV# _____ ZIP CODE _____

IF YOU PURCHASE AN EXISTING BUSINESS - BE SURE THE FORMER OWNER HAS PAID ALL SALES TAX. BY LAW, YOU MAY BE LIABLE FOR ANY UNPAID TAX. Revised 05/03/2022