PLEASE PRINT OR TYPE

CITY OF COTTONWOOD

827 NORTH MAIN STREET
COTTONWOOD AZ 86326
TEL: (928) 634-5526
FAX: (928) 634-5520

CONTRACTOR REGISTRATION APPLICATION

All information provided is subject to review by Arizona Department of Revenue

THIS APPLICATION MUST BE FILED AND A REGISTRATION OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN COTTONWOOD. REGISTRATION FEE IS NON-REFUNDABLE AND REGISTRATION ISSUED IS NON-TRANSFERRABLE. ALL CONTRACTORS DOING BUSINESS IN THE CITY MUST COMPLY WITH ORDINANCE/REGULATIONS AND REQUIREMENTS AFFECTING PUBLIC PEACE, HEALTH, AND SAFETY.

OFFICE USE ONLY

NEW APPLICATION _____ **P & Z APPROVAL** _____ REG. NO. _____
RENEWAL _____ RECEIPT _____
CHANGE OWNER _____ REGISTRATION FEE _____
CHANGE ADDRESS _____(MAILING)(BUSINESS)(BOTH) CERT. MAILED/GIVEN _____
LEGAL RESIDENCE ID _____ DATA BASE UPDATED _____
(AZ D/L issued after 12/31/96) COPY TO FIN. DEPT. _____

BUSINESS NAME, TELEPHONE
MAILING ADDRESS, START DATE

_____ _____
BUSINESS NAME (CORPORATION NAME if applicable) TELEPHONE NUMBER

_____
NAME OF OWNER/OFFICER

_____
MAILING ADDRESS CITY STATE ZIP

ARIZONA SALES TAX NUMBER_____ CONTRACTOR'S LICENSE NUMBER_____

TYPE OF CONTRACTING_____

CERTIFICATION

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACCEPT THE REGISTRATION 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 CITY.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

_____ _____
SIGNATURE OF OWNER, PARTNERSHIP OR CORPORATE OFFICER DATE

_____ _____
NAME OF OWNER, PARTNER OR CORPORATE OFFICER TITLE
(PRINT OR TYPE)

E. MAIL ADDRESS:_____