

# CITY OF COTTONWOOD

816 NORTH MAIN STREET  
COTTONWOOD, AZ 86326  
TEL: (928) 634-0060  
FAX: (928) 634-3727

## BUSINESS 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 BUSINESS LOCATED IN THE CITY MUST COMPLY WITH ORDINANCE/REGULATIONS AND REQUIREMENTS AFFECTING PUBLIC PEACE, HEALTH, AND SAFETY. **APPLICANTS MUST PROVIDE PROOF OF CITIZENSHIP AT THE TIME THE APPLICATION IS MADE.**

NEW APPLICATION _____	<b>P &amp; Z APPROVAL</b> _____	OFFICE USE ONLY _____
RENEWAL _____		REGISTRATION FEE _____
CHANGE OWNER _____	COMMENTS _____	RECEIPT # _____
CHANGE ADDRESS _____		PERMIT SENT/GIVEN _____
Business / Mailing / Both _____		DATABASE UPDATED _____
<b>CITIZENSHIP / LEGAL RESIDENT I.D.</b> _____		COPY TO FIN. DEPT. _____

### SECTION I. BUSINESS DETAILS

\_\_\_\_\_  
BUSINESS / DBA NAME TELEPHONE

\_\_\_\_\_  
CORPORATE AFFILIATE, IF APPLICABLE CONTACT NAME

\_\_\_\_\_  
PHYSICAL ADDRESS OF BUSINESS IN COTTONWOOD

\_\_\_\_\_  
MAILING ADDRESS CITY STATE ZIP

\_\_\_\_\_  
APPLICANT'S NAME BUSINESS START DATE (IF NEW)

### SECTION II. BUSINESS OWNERSHIP AND RECORDS LOCATION

1. TYPE OF OWNERSHIP:  
INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

2. \_\_\_\_\_  
NAME OF OWNER, PARTNER, OR OFFICER TITLE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP TELEPHONE

\_\_\_\_\_  
NAME OF OWNER, PARTNER, OR OFFICER TITLE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP TELEPHONE

3. LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS:  
\_\_\_\_\_  
NAME ADDRESS PHONE

4. E-MAIL ADDRESS \_\_\_\_\_ (OVER)

**SECTION III. BUSINESS TYPE, STATUS, IDENTIFICATION**

BUSINESS TYPE (Check One or more):

ARTS/CRAFTS RETAIL _____	HOTEL/MOTEL _____	PRINTING/PUBLISHING _____
ASSISTED CARE FACILITY _____	LANDSCAPING _____	PROFESSIONAL SERVICE*** _____
BAR _____	MANUFACTURING _____	REALTY _____
CLUB/ORGANIZATION _____	MEDICAL PRACTICE*** _____	RESTAURANT _____
CONTRACTING _____	MOBILE HOME PARK _____	RETAIL _____
DENTAL PRACTICE*** _____	MOBILE RESTAURANT _____	SERVICE _____
ENTERTAINMENT _____	NON-PROFIT** _____	VENDING MACHINES* _____
HOME OCCUPATION _____	PACKAGED FOOD VENDOR _____	VIDEO RENTAL KIOSK _____
INTERNET _____	PERSONAL SERVICE _____	WINE TASTING ROOM _____
ICE CREAM VENDOR _____		* number of machines _____

**PLEASE DESCRIBE THE NATURE OF BUSINESS**

**ARIZONA SALES TAX #** \_\_\_\_\_ (IF APPLICABLE) **LIQUOR LICENSE CLASS #** \_\_\_\_\_

**CONTRACTOR LICENSE #** \_\_\_\_\_ **STATE LICENSE #** \_\_\_\_\_

\*\* A Non-Profit business must provide the city with a **copy** of its **Federal 501(c)(3)** in order to qualify for the reduced Business Registration fee.

\*\*\* A Dental or Medical Practice or a Professional Service must provide the city with a **copy** of their license provided by the State of Arizona.

**SECTION IV. BUSINESS PREMISES STATUS**

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- A) DO YOU OWN YOUR BUSINESS PREMISES? YES \_\_\_\_\_ NO \_\_\_\_\_
- B) IF YES, DO YOU RENT OR LEASE TO ANOTHER PARTY? YES \_\_\_\_\_ NO \_\_\_\_\_
- C) DO YOU RENT YOUR BUSINESS PREMISES FROM ANOTHER PARTY? YES \_\_\_\_\_ NO \_\_\_\_\_
- D) IF YES, LANDLORD NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
- E) DO YOU SUBLEASE A PORTION OF THE BUSINESS PREMISES TO ANOTHER PARTY? YES \_\_\_\_\_ NO \_\_\_\_\_

**CERTIFICATION**

**I also understand that a Zoning Clearance is required before the business identified on this form may commence, and accept responsibility for obtaining any necessary clearance and other associated permits from the Community Development Department.**

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

\_\_\_\_\_  
SIGNATURE OF OWNER, PARTNERSHIP OR CORPORATE OFFICER DATE

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