



# City of Cottonwood

816 N Main Street  
Cottonwood, AZ 86326  
Phone: (928) 634-0060  
Fax: (928) 634-3727  
www.cottonwoodaz.gov

## BUSINESS REGISTRATION INFORMATION

**THIS PAGE MUST BE SIGNED AND RETURNED WITH THE BUSINESS REGISTRATION APPLICATION.**

Business registration fees are valid through December 31 of each calendar year. Business registrations must be renewed on an annual basis. Business registration fees are non-refundable.

Failure to obtain a business registration shall be punishable by a fine not to exceed one thousand dollars (\$1,000) or by imprisonment not to exceed six (6) months in jail, or both such fine or imprisonment.

If the business has an alarm system, the Alarm System Notification form must be completed and returned with the Business Registration Application. If a system is obtained after the Business Registration is obtained, the business owner must complete the Alarm System Notification form and return it to the Administrative Services Department. The City of Cottonwood has passed an ordinance updating and adding penalties regarding False Alarms. This action was in response to a very high percentage of false alarms that endanger and waste public safety resources. For a full copy of the ordinance (Section 8.32 of the Municipal Code), please visit the City's website at [www.cottonwoodaz.gov](http://www.cottonwoodaz.gov).

It is recommended that all new businesses with physical locations inside the City limits be inspected by the Building and Fire Departments prior to opening.

Additionally, those businesses which meet any of the criteria below **REQUIRE** issuance of the following permits by the Community Development Department:

- Change of use requires Zoning Clearance.
- Locating in a residence requires a Home Occupation Permit.
- New development or renovations to structures, plumbing, electrical, outdoor lighting, heating/cooling, etc. requires a Building Permit. Exterior renovations may also require Design Review.
- New exterior sign requires a Sign Permit.
- New exterior paint colors requires a Paint Permit.

Contact the Community Development Department at (928) 634-5505 if you have any questions.

The undersigned applicant hereby certifies that he/she has read, understands, and will comply with the above requirements:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

Type of Registration:

- General Business Registration
- Rental Property
- Contractor

Physical Location of Business is:

- Inside City Limits
- Outside City Limits



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**BUSINESS REGISTRATION APPLICATION**

**ALL BUSINESS REGISTRATIONS EXPIRE ON DECEMBER 31 OF THE CALENDAR YEAR ISSUED**

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 THE CITY OF COTTONWOOD. THE 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/LEGAL RESIDENCY AT THE TIME THE APPLICATION IS MADE.

<b>FOR OFFICE USE ONLY</b>		Application Fee:		Form of Citizenship/Legal Residency Provided:	
Date Received:	Check #	Late Fee:		ID Number/Expiration Date:	
Initials:	Cash	CC	Total Fee:		Community Development Approval:
Receipt #:	Business Registration #:	Date Issued:	Effective Date:	CD Printed Name:	Date Approved:
Police Department Approval:		Date Approved:		Fire Department Approval:	Date Approved:

PLEASE PRINT OR TYPE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Check One: <input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Reinstatement of Cancelled Registration <input type="checkbox"/> Registration Renewal	Former Owner (if applicable):	Application Date:
		Business Start Date:
Check Any That Apply: <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change <input type="checkbox"/> Added Business/Activity	Current Business Registration Number:	Date of Change:

SECTION 1. BUSINESS DESCRIPTION					
Business Type	<input type="checkbox"/> Retail Sales	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Special Event*	<input type="checkbox"/> Construction Contracting	<input type="checkbox"/> Service
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar	<input type="checkbox"/> Street Vendor*	<input type="checkbox"/> Peddler*	<input type="checkbox"/> Hotel/Motel
	<input type="checkbox"/> Commercial/Residential Rental	<input type="checkbox"/> Temporary Sales*	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Non-Profit (provide Federal 501(c))	
	<input type="checkbox"/> Other, please explain: _____		*Please provide dates of operation: _____		
Describe Nature of Business:					
If you will be selling products, please describe:					

SECTION 2. BUSINESS NAME AND LOCATION INFORMATION	
Business Name (Legal Owner and DBA):	
Physical Location (Street Address):	Business Phone #: ( )
City: State: Zip Code:	Emergency Phone # (not the same as above): ( )
Occupational Classification of the Business Physical Location: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
Does the business location have an alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, an Alarm System Notification form is required.</b>	
Does this business occupy commercial space within the City of Cottonwood limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the business location your personal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a Home Occupation Permit is required.	
Is this business location: <input type="checkbox"/> Owned <input type="checkbox"/> Leased/Rented <input type="checkbox"/> Sub-Leased If NOT owned, owner's/landlord's information is required.	
Landlord's Name:	Landlord's Address:
Landlord's Phone Number: ( )	City: State: Zip Code:
Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name and telephone number of the other entity:	
Lessee's Name:	Lessee's Phone Number: ( )

SECTION 3. MAILING ADDRESS			
Street Name or PO Box:	City:	State:	Zip Code:
Email Address:			
SECTION 4. BUSINESS INFORMATION AND OWNERSHIP			
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corporation, state incorporated in: _____ <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Other, explain: _____			
Federal ID or Social Security Number:	ADOR Transaction Privilege Tax (TPT) Number:	Is your TPT number registered with ADOR for the City of Cottonwood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
AZ ROC License Number(s) required for Contractors:	Liquor License Class # (if applicable):	Other Professional Licenses or Permit Numbers and Description:	
Have any licenses/permits that have been issued or applied for by the applicant or business been denied, suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain:			
Description of any/all criminal convictions of the applicant or business owner in the last five (5) years (attached a separate sheet if needed):			
Locations where the business or applicant has operated in the last five (5) years (attach a separate sheet if needed):			
Disclosure of Social Security Numbers for Principals/Officers is <b>mandatory</b> . The authority for soliciting these numbers is found in 42 USC 405(c) (2)(c)(1). Social Security Account Numbers are used to identify Principals/Officers and to conduct background checks, and may be communicated to Law Enforcement personnel. <b>Private information is NOT released to the public.</b>			
Owners, Partners, LLC Members, or Officers (for additional names, please attach a list)	Name:	Title:	Date of Birth:
	Home Address:	Social Security Number:	Driver's License #: State of Issuance:
	City:	State/Zip Code:	Phone Number: ( )
	Name:	Title:	Date of Birth:
	Home Address:	Social Security Number:	Driver's License #: State of Issuance:
	City:	State/Zip Code:	Phone Number: ( )
Corporate or LLC Statutory Agent	Name:	Phone Number: ( )	
	Address:	City	State/Zip Code:
Contact Person	Name:	Phone Number: ( )	
SECTION 5. COMMERCIAL/RESIDENTIAL RENTAL BUSINESS IN THE CITY OF COTTONWOOD (IF YOU ARE THE LANDLORD)			
<b>Note:</b> Commercial buildings with multiple suites are considered one (1) location. Attach a separate sheet if needed.		Total Number of Commercial Rentals: _____ Total Number of Residential Rentals: _____	
Type of Rental(s): <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____			
Address of Location #1:		Address of Location #2:	
Address of Location #3:		Address of Location #4:	
SECTION 6. APPLICANT INFORMATION (MUST BE COMPLETED FOR THE PERSON SIGNING BELOW)			
Name:			Date of Birth:
Physical Address (cannot be a PO Box):		Social Security Number:	Driver's License #: State of Issuance:
City:		State/Zip Code:	Phone Number: ( )
Mailing Address (if different from physical address):		City:	State/Zip Code:
The undersigned applicant hereby certifies that he/she understands that issuance of a Business Registration shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject. The undersigned applicant hereby certifies that he/she understands that a Zoning Clearance is required before the business may commence and accepts responsibility for obtaining any necessary clearance and other associated permits from the Community Development Department. The undersigned applicant hereby certifies that the information provided to the City of Cottonwood in order to obtain a Business Registration is accurate and complete to the best of his/her knowledge and subject to revocation and certifies that he/she has read and knows the terms and conditions herein and agrees to abide by the same. Inspection and registration fees are non-refundable.			
Print Name:		Signature:	Date: