



FOR STAFF USE ONLY ZONING ADMIN. CHECK: _____ PERMIT #: _____ PERMIT FEE PAID: \$ _____ DATE: _____ ISSUED BY: _____

IMPORTANT: PLEASE NOTIFY TOWN OFFICES OF ANY CHANGE IN PHYSICAL AND MAILING ADDRESS WITHIN 10 DAYS.

TOWN OF PINETOP-LAKESIDE BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____ PHONE #: _____

APPLICANT NAME: _____ RELATIONSHIP TO BUSINESS: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

NATURE AND TYPE OF BUSINESS:		
Retail Sales	Other Sales	Auto Sales, New/Used
Real Estate Services	Other Professional Services	Building or Construction
Other _____		
Brief Description: _____		
Please describe any chemicals or hazardous materials/waste to be used or stored by the business: _____		

TYPE OF BUSINESS ENTITY:		
Legal Name of Business: _____		
Corporation	Sole Proprietorship	Non-Profit Corporation (Proof Required)
L.L.C.	Other	
If a Corporation or L.L.C., State where formed: _____		Contractor's License #: _____
Name & Address of Statutory Agent: _____		
Federal ID #: _____		State Transaction Privilege Tax License #: _____
Must Include Copy of State TPT License		

If applicable, please attach a copy of the permit: Navajo Co. Health Dept. Certificate/Permit Federal Licenses/Permits

Is this Business protected by an alarm system?: ___ Yes ___ No **If YES, you must obtain a BUILDING ALARM PERMIT from the Police Department.**

Owner/Officer(s) of Business: (If a real estate office or medical/dental clinic, list names of agents/ independent contractors working/practicing from this location)

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____

NAME & PHONE # OF PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY: _____

SIGNATURE OF APPLICANT: _____ DATE: ___/___/___ TITLE: _____

APPLICATION FEE: \$50.00 - MUST BE RENEWED ON JULY 1ST OF EACH YEAR