

Town of Pinetop-Lakeside Business License Cover Letter

We would like to thank you for coming to the Town of Pinetop-Lakeside to open your business, we are glad you are here. We want you to be successful and hope that you will let us help you.

Required attachments to the business license application:

- ➤ Copy of State Transaction Privilege Tax License (If applicable)
- Must present proof of identification. (in accordance with A.R.S.§ 41-1080)

Sign requirements:

- ➤ All permanent signs require a sign permit. Each business is allowed two signs, one on the building and one on the monument sign (if there is one). Cost is \$50.00
- ➤ All temporary signs require a permit. Banners permits are free and portable sign permits are \$30.00 per portable sign.
- ➤ All new businesses are allowed a 15 day grand opening were they may use additional signage. No permit required.
- > Please see sign regulations for additional requirements and restrictions for all signs.

If you have any questions please call Cody Blake at (928)368-8883 x 232

Thank you,

Cody Blake Planning Technician



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 #:						
		RELATIONSHIP TO BUSINESS:						
PHYSICAL ADDRESS:								
CITY:								
MAILING ADDRESS:			CIT	Y:	_ STATE:	ZIP:		
E-MAIL ADDRESS:								
NATURE AND TYPE OF B	USINESS:							
Retail Sales		Other Sales	Auto Sales, New/Used					
Real Estate Services Other		Other Profession	nal Services	Building or Construction				
Brief Description:								
Please describe any chemicals or hazardous materials/waste to de used or stored by the business:								
TYPE OF BUSINESS ENTI Legal Name of Business:								
Corporation L.L.C.	Sole Proprieto Other	orship	Non-Profit Corporation (Proof Required)					
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 T	ГРТ License		
If applicable, please attach a c	opy of the permit: 1	Navajo Co. Health D	epart. Certificate	/Permit Federal L	icenses/Permit	<u>SS</u>		
Is this Business protected by	an alarm system?		If YES, you must from the Police D		<u>G ALARM PEI</u>	<u>RMIT</u>		
Owner/Officer(s) of Business:	(If a real estate office o			-	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 APPLICAN	T:		DAT	TE:/1	 ΓΙΤLE:			

APPLICATION FEE: \$50.00 July to December and \$25.00 January to June. All businesses renew on July 1st of each year