Business License Application HOME- BASED OCCUPATION – QUEEN CREEK TOWN LIMITS ONLY

COMPLETE ALL INFORMATION THAT APPLIES TO YOUR BUSINESS. NOTE: PAGE 2 MUST ALSO BE SIGNED. FEE: \$60.00

Business Name: ____ Location Address: City, State, Zip:____ Business Phone: FAX: Detailed Description of Business: Type of Vehicles Used: Storage of Materials Used: ____ Arizona Sales Tax (TPT) # Fed Tax ID# □ Sole Proprietorship* □ Corporation □ Partnership □ LLC □ Other *Before issuing a license to an individual, the individual must present documentation to the municipality indicating that the individual's presence in the United States is authorized under Federal Law. ARS §41-1080 (Complete the attached License Eligibility Form and submit copies of appropriate identification.) "DOES NOT APPLY TO CORPORATIONS & LLC'S" **BUSINESS OWNER INFORMATION** Owner Name:______ Mailing Address: City, State, Zip:______Phone#____ SSN# (Not public information) Owner(s) Signature: I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I understand that any license or permit issued or approved pursuant to this application does not authorize any business activity within the Town of Queen Creek, Arizona which violates Town Code or other Town ordinances. Any violation of the Town Code or ordinances may result in penalties as prescribed in the Town Code. Business license application and approval process may take 10-14 business days. NAME OF APPLICANT SIGNATURE DATE FOR OFFICE USE ONLY CUP# ARS §41-1080: Business Lic. # Zoning: APPROVAL Planning Dept: Date: **APPROVAL** Town Clerk: Date:



HOME-BASED OCCUPATION -QUEEN CREEK TOWN LIMITS ONLY

Home Based Occupation must conform to Performance Standards set forth in Town of Queen Creek Zoning Ordinance Article 6.8, Chapter 9, Table 6.8-1. (Revised December 2012). Complete text is on the Town web-site.

- 1. Permits must be obtained before operating home-based occupation and must conform to all applicable Town ordinances and regulations.
- 2. A home-based occupation may only be conducted as an accessory use to a dwelling unit and shall continue to be used as a residence and maintain a residential character and appearance.
- 3. No more than 25% of the gross floor area of the primary structure is to be used for the home-based occupation.
- 4. No exterior indication of a non-residential use, other than one (1) non-illuminated sign not to exceed three (3) square feet attached to the building or placed in a window is allowed.
- 5. Full time home resident is the business operator and there shall be no more than (1) non-resident employee working in the home.
- 6. The home is not to be used as a location for assembly of employees for instruction or dispatch to other locations.
- 7. A home-based occupation shall not generate dust, odors, noise, vibrations or electrical interference.
- 8. Storage of goods and materials shall be inside and shall not include flammable, combustible or explosive materials.
- 9. All parking for a home-based occupation shall be provided only in the driveway and shall not create hazards or street congestion. Payload ratings for trucks and vans must comply with Performance Standards in Table 6.8.1.
- 10. Deliveries and pick- ups shall be those normally associated with residential services and shall occur only between 8am-8pm Mon- Sat.

Home-based Occupation Questionnaire					
1. Is the business conducted within your dwelling unit or acc	essory structure	e? □ Ye	es 🗆 N	No	
f no, please explain why:					
2. Are you the sole employee of the business? ☐ Yes ☐ I	No				
f no, how many employees do you have?					
3. What are your hours of operation?					
4. How many deliveries do you receive on a weekly basis?	(Circle) None	1-2	3-4	5-10	10+
5. How many customers/clients come to your residence per	day?		· · · · · · · · · · · · · · · · · · ·		
6. If you are conducting a home day care, how many childre	n will you provid	de care fo	or?		
HAVE READ AND AGREE TO THE ABOVE TOWN OF QUESTION					
Signature of Applicant/Homeowner:		D	ate:		



LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)

(Sole Proprietorships Only)

Full Last Name:	Full First Name:	Full Middle Name:					
Business Address:							
(as shown on license or application)							
City, State, Zip code:							
"licensing eligibility" section (Arizona Rerenewed) license to an individual unless the listed in the law.	evised Statutes § 41-1080) prevente individual has provided the ago the individual must present one on the United States is authorized to						
	e box next to the document you OTOCOPY showing both sides						
An Arizona driver license issued a							
A driver license issued by a state that verifies lawful presence in the United States. (See Overview of States'							
Driver's License Requirements)	•	`					
A birth certificate or delayed birth	certificate issued in any state, ter	rritory or possession of the United States.					
A United States certificate of birth	abroad.						
A United States passport.							
A foreign passport with a United S	tates visa.						
An I-94 form with a photograph.							
A United States citizenship and im document.	migration services employment a	authorization document or refugee travel					
A United States certificate of natur	calization.	_					
A United States certificate of citize							
A tribal certificate of Indian blood							
A tribal or bureau of Indian affairs	affidavit of birth						
	n country or, if at the time of the app	oly: plication, the individual resides in a foreign country. be present in the United States in order to receive					
Signature of applicant	Ī	Date					
Signature of municipal employee	Ţ)ate					

RETURN THE **ORIGINAL** OF THIS FORM WITH A **COPY** OF YOUR IDENTIFICATION TO THIS ADDRESS: