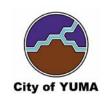


CITY OF YUMA BUSINESS LICENSE APPLICATION ONE CITY PLAZA / PO BOX 13012 YUMA, ARIZONA 85366-3012 (928) 373-5074 TTY (928) 373-5149



This application must be filed before you can lawfully engage in business within the City of Yuma. A separate license is necessary for each business location as provided by the Yuma City Code, Title 7. This license is not transferable and shall be valid until owner requests cancellation in writing or revoked by the City License & Tax Division. All business license holders must also comply with the city codes in regards to their operations and facilities. All businesses located in the city must comply with all ordinances, regulations, and requirements affecting public peace, health, and safety.

(Last revision April 07)

4 DDI	ICATION "	THIS BOX FOR O	OFFICE USE ONLY		
	JICATION #				
NEW APPLICATION LOCATION CHANGE		CONTROL #			
		LICENSE #	AMOUNT PAID \$		
UPDA	ATE INFO	2% #	CLASS		
1.					
2.	BUSINESS PHONE ()	E-MAIL		
3.	BUSINESS LOCATION_		CITY / STATE / ZIP		
		ADDRESS	CITY / STATE / ZIP		
4.	MAILING ADDRESS	PO BOX OR ADDRESS			
		PO BOX OR ADDRESS	CITY / STATE / ZIP		
5.	DESCRIPTION OF BUSI	NESS			
6.	ARIZONA TRANSACTIO	ON PRIVILEGE LICENSE TAX	ζ#		
7.					
8.	DATE BUSINESS WILL BEGIN OR EFFECTIVE DATE OF CHANGE				
9.	9. IF YOU PURCHASED AN EXISTING BUSINESS, GIVE FORMER OWNER NAME				
10	TVDE OF OWNER CHIP (CIP		DARTNERCHIR / CORR / LLC		
10.	`	,	PARTNERSHIP / CORP / LLC		
	(IF SOLE OWNER, OWNER & S	POUSE, OR PARTNERSHIP, COM	MPLETE BELOW INFO – CORP / LLC INFO ON NEXT PAGE)		
	OWNER OR 1 ST PARTNER	NI A NATE			
	HOME ADDRESS				
	STR	EET	CITY / STATE / ZIP		
	HOME PHONE # ()		CELLULAR / OTHER		
	HOME PHONE # () SOCIAL SECURITY #		BIRTHDATE		
	DRIVER'S LICENSE #		STATE ISSUED		
	ADDITIONAL DADTNED N	LABATE			
	ADDITIONAL PARTNER N	AML			
	HOME ADDRESSSTR	EET	CITY / STATE / ZIP		
	HOME PHONE # ()		CELLULAR / OTHER		
	SOCIAL SECURITY #		BIRTHDATE		
	DRIVER'S LICENSE #		STATE ISSUED		

CORPORATION OR LIMITED LIABILITY CORPORATION INFORMATION

CORPORATION / LLC NAME	
CORPORATION / LLC ADDRESS ADDRESS	CITY / STATE / ZIP
PHONE () FEDERAL I DATE OF INCORPORATION ST	D #
DATE OF INCORPORATION ST	ATE OF INCORPORATION
PRESIDENT / MEMBER	DOB
HOME ADDRESS ADDRESS	
VICE-PRESIDENT / MEMBER	
HOME ADDRESS ADDRESS	CITY / STATE / 7ID
SECRETARY / TREASURER	
HOME ADDRESS ADDRESS	CITY / STATE / ZIP
1 Will alsoholis havenesses he seemed as sold?	
_	0 🗆
-	0 📙
3. CHEMICALS ON SITE? YES NO (Customer signature requ	ired)
4. Has this property been used as a business before? YES NO Prior business use, if known	
5. Was building vacant prior to your use? YES HOW LONG?	NO
5. Square footage of building used for business?	
7. Has any remodeling been done recently? YES NO If yes, describe remodeling done	
How much parking is available for business? Number of spaces	_ Striped or paved? YES _ NO _
9. Do you own or rent/lease the business premises? OWN RENT/LE If you rent or lease the business premises, give owner's name, address, and	
swear that all statements made in this application are true and complete to the best of my land failure to pay and renew in a timely manner will subject me to the remedies as prescrib ederal, State, County, and City laws as pertains to this business. I understand that the issuertain reviews and / or inspections of my business operations and the building(s) in which cense does not waive or release me from complying with all current city codes, including ompliance issues may be identified as a result of these reviews and / or inspections. I acknown entified issues have been resolved and that I have read and understand the attached portocess.	ed in the Yuma City Code, Title 7. I also agree to comply ving of the business license will allow city staff to begin perform they reside. I further understand that the issuance of my bust not limited to: zoning, building, public works and fire nowledge that I may not be allowed to operate my business upon the state of the state
NAME (PRINTED)	TITLE
IGNATURE	DATE
ARTNER NAME	TITLE

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA) AND SECTION 504 OF THE REHABILITATION ACT OF 1973, THE CITY OF YUMA DOES NOT DISCRI MINATE ON THE BASIS OF DISABILITY IN THE ADMISSION OF OR ACCESS TO OR TREATMENT OR EMPLOYMENT IN ITS PROGRAMS, ACTIVITIES, OR SERVICES. FOR INFORMATION REGARDING RIGHTS AND PROVISIONS OF THE ADA OR SECTION 504, OR TO REQUEST REASONABLE ACCOMODATIONS FOR PARTICIPATION IN CITY PROGRAMS, ACTIVITIES, OR SERVICES CONTACT: ADA/SECTION 504 COORDINATOR, CITY OF YUMA HUMAN RESOURCES DIVISION, ONE CITY PLAZA, PO BOX 13012, YUMA, AZ 85366-3012 OR CALL 928-373-5127 (TTY 928-373-5149).

BUSINESS NAME				
BUSINESS ADDRESS				
	(SECTION BELOW I	FOR OFFICE	USE ONLY)	
If this business is a restaura	nt or food service location, you	will also need a	pproval from:	
	Y HEALTH DEPARTMENT: 2 of health license or staff signature.			8) 317-4584
HEALTH DEPARTMENT STA	FF SIGNATURE			DATE:
	STAFF TITLE			
Change of use or establishm	NITY PLANNING – ZONING RI nent of a new use may require er City Of Yuma Zoning Code ing requirements.	compliance wi	th current parking	
<u> </u>	SC B1 B2 IF		□ R-2 □RMH HI □ HIST [TR MH
☐ No change of use ☐ Minor tenant ☐ Home occupation Previous license(s):	☐ Change of use ☐ Special event / tempore ☐ Home occupation rule		Establishing a land Itinerant use date:	new use
	G <u>disapproved</u> for this us G <u>approved with conditi</u> e		USE:	
	his business license is to designate			in the correct zoning district. The
•	any other requirements of the ci			
COMMENTS/CONDITIONS:				
COMPLETED BY:		_ DATI	E:	

** Important Information **

PLEASE MAKE SURE YOU REVIEW AND RETAIN THIS PORTION FOR YOUR RECORDS

CITY OF YUMA BUSINESS LICENSE PROCESSING

The issuing of a business license triggers a sequence of events within several departments of the City. Depending on your type of business, your approved application might be distributed to:

- * Building Safety
- * Fire Department
- * Planning
- *Risk Management
- * Utilities
- * Water Quality

Staff members from some or all of these departments will review your application and determine if more detailed information, a site visit or an on-site inspection may be needed. If it is determined that any of these situations are required, a representative of the department will contact you to obtain the information they need and to let you know when a certain inspection may need to be performed.

If any issues are identified that do not meet current city code, the staff member will work with you to let you know what needs to be corrected and what options might be available to you Often times the corrections are minor and do not take long to arrange. If the issue is more complex, such as required remodeling or the structure does not match the use, the staff member will advise you on exactly what needs to be corrected and why.

Staff may suggest that you come in for *a "Pre-Development Meeting.*" This is a meeting where you will be able to meet with City staff members from the appropriate departments who will be able to sit down with you and explain what needs to be done in order for you to begin your operations. This meeting is free of charge and they are held during certain hours Tuesdays and Thursdays.

<u>Contact Us!</u> If at any time you have questions about your business license and the review process, please contact us at the numbers below.

 Business License Office
 (928) 373-5074

 Building Safety Division
 (928) 373-5159

 Planning and Zoning
 (928) 373-5175

 Water Quality
 (928) 373-4544

 Fire Department
 (928) 373-4850

While it is not possible to list every type of situation, the following is a list of typical types of inspections and what the representative would be looking for:

Building Safety

- * Determine if the type of building and the occupancy are compatible.
- * Review the existing utility hook-ups and make sure they are up to code.
- * Determine if the business needs permits or plans.

Fire Department

- * Ensure that theFire code is being met.
- * Determine if any additional fire suppression is needed.

Planning and Zoning

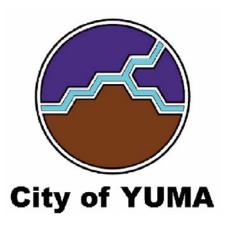
- * Ensure adequate parking for the use.
- * Ensure that landscaping is meets the city code.

Utilities

- * Determine if the building has the appropriate water meter for the use.
- * Obtain a "Wastewater Evaluation" if necessary

Water Quality

- * Ensure pretreatment devices are clean and functioning prior to business opening, such as grease traps and interceptors.
- * Ensure that the City's water system is protected through the backflow program.
- * Determine if the backflow device is the appropriate size for the use and occupancy.



City of Yuma Division of Fire Prevention One City Plaza, Second Floor Yuma, Arizona 85364

FIRE PREVENTION QUESTIONNAIRE FOR BUSINESS LICENSE REVIEW

The Division of Fire Prevention of the Yuma Fire Department is concerned with a number of conditions relating to the operation of your business. One condition is whether or not your business has a fire suppression or alarm system. We do require additional PERMITS for the storage, installation, production, or use of specific occupancies or materials. A PERMIT is issued in order to provide a tracking system of these high-risk operations. See Part II.

PART I

1.	Does your business constitute a change in the use of the building you are occupying? Yes No
2.	Is there a fire sprinkler system or other automatic suppression system present? Yes No
3.	Is there a fire alarm system present in your place of business? Yes No
4.	Are there any aboveground or underground fuel storage tanks located on the property. Yes No If yes, indicate aboveground/underground, fuel type, and capacity.
5.	Is the building equipped with a key box? Yes No
	Name of applicant
	Business Address
	Telephone number

PART 2

For permit information, refer to the following list and check all applicable boxes. This will enable us to determine if a PERMIT APPLICATION is required before signing your business license application. Checking a box may not require that you obtain a PERMIT, as quantity limits apply to many of these items and further information may be required. Every effort has been made to avoid duplication of effort by City offices, but due to differences in professional goals some questions may be asked twice. The Fire Department has access to and will use information gathered through other offices but is not limited to this information in scope.

Does/will your business store, sell, operate, use, install, produce, or involve any of the following?

AEROSOL PRODUCTS	AIRCRAFT REFUELING VEHICLES	
AIRCRAFT REPAIR HANGAR	 AUTOMOBILE WRECKING YARD	
BOWLING PIN/ALLEY REFINISHING	 CANDLES/OPEN FLAMES IN AN	
CARNIVAL OR FAIR	ASSEMBLY OCCUPANCY	
CELLULOSE NITRATE	COMBUSTIBLE FIBERS/MATERIALS	
COMPRESSED GASES	 DRY CLEANING	
CRYOGENS	EXPLOSIVES/BLASTING AGENTS	
DUST PRODUCING OPERATIONS	 FLAMM/COMBUSTIBLE LIQUIDS	
FIREWORKS/PYROTECHNICS	 MOTOR VEHICLE REPAIR	
FRUIT RIPENING	 HAZARDOUS MATERIALS OR	
FUMIGATION OR THERMAL	HAZARDOUS PRODUCTION MATERIAL	
INSECTICIDAL FOGGING	 INTERIOR DISPLAY OF AUTOMOBILES	
JUNK YARD	 OR MOTOR DRIVEN EQUIPMENT	
LIQUIFIED PETROLEUM GASES	 USE OF A COVERED MALL FOR:	
LUMBER YARD	 KIOSKS, BOOTHS, CONCESSIONS, PLACE O	OF
MAGNESIUM WORKINGS	 ASSEMBLY _	
MATCHES _	 OPEN FLAME OR FLAME DEVICES	
OPEN BURNING	 PARADE FLOATS	
ORGANIC COATINGS _	 RADIOACTIVE MATERIALS	
INDUSTRIAL OVENS	 SPRAYING OR DIPPING OPERATIONS	
PLACES OF ASSEMBLY _	 TIRE RECAPPING	
REFRIGERATION EQUIPMENT _	 TIRE STORAGE	
TENTS, CANOPIES, MEMBRANE	WELDING AND CUTTING	
STRUCTURES	 WASTE MATERIAL HANDLING	

Failure to disclose the connection of your business to any listed items requiring a permit may lead to the suspension of your business license and legal action.

YUMA POLICE DEPARTMENT EMERGENCY CONTACT FOR BUSINESS

The Yuma Police Department is dedicated to protecting our city's citizens and their property. The information you provide on this form will be used in furtherance of that goal. This information will be retained by our department for your protection. Information you supply is protected and will not be divulged outside of law enforcement.

Notify the Yuma Police Department of any changes at 783-4421 or go to 1500 S. 1st Ave

PLEASE PRINT

BUSINESS TYPE:(i.e. clothing sto	re restaurant conv	renience store etc)
(i.e. clothing sto	re, restaurant, conv	emence store, etc)
BUSINESS ADDRESS:		BUSINESS PHONE
It is necessary that we have <u>local pers</u>	sonnel and addresse	es in case we need someone on scene
Owner / Manager:		
Address:		Phone #
Additional Contact:		
Address:		Phone #
Additional Contact:		
Additional Contact:Address:		Phone #
Alarm Company:		
Alarm Co. Phone #:		Account #:
Guard Animals on premises?	☐ YES	□NO
Security Personnel on premises?	YES	□NO
	YES	\Box NO

DATED:_____