

Business License Compliance Package

Your Business Details

This package has been prepared based on the information you provided as detailed below:

Contact Information

John Doe
Fressers, LLC
111-111-1111
joed@essenfress.com

Business Address

1315 Main Street
Gilbert, AZ 85297
County:

Area(s) Doing Business In

Gilbert, AZ

Business Entity

LLC (AZ)

Home Based

No

Employees

Yes

Business Activity

Full service restaurant

Products Sold

Food and alcohol served.

Your Request

Business License Compliance Package

Package Contents

This package contains the license application that we have identified for you.

Every application is preceded with a cover sheet containing the licensing authority's contact information (name, address, telephone number, etc.) as well as instructions on how to file your application.

This package contains 8 application(s) (listed below):

Federal Level



Alcohol License: (TTB F 5630.5d) Application for Alcohol Dealer Registration (Federal)

State Level



Tax Registration: Joint Tax Application (AZ)



Alcohol License: Application For Liquor License (Series 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15) (AZ)



Alcohol License Supplement: Questionnaire Form (AZ)



Alcohol License Supplement: Restaurant Operation Plan (Series 12) (AZ)

County Level



Food Establishment Permit: Plan Review Application (Maricopa AZ)

Local Level



Business License: Business Registration Application (Gilbert AZ)



Business License: Certificate of Occupancy Permit Application (Gilbert AZ)

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Business License Compliance Package

Our Findings

Package Scope

This report sets forth the license and permit requirements we have identified as being relevant to a restaurant business. These requirements are based on details provided in connection with location and business activity. The business address provided is within the incorporated City of Gilbert, Maricopa County in the State of Arizona.

Overview of Licenses & Permits

Federal Level:

The following license and/or permit requirements may be relevant to a restaurant business at the federal level:

- Alcohol License: (TTB F 5630.5d) Application for Alcohol Dealer Registration

State Level (AZ):

The following license and/or permit requirements may be relevant to a restaurant business at the state level:

- Tax Registration: Joint Tax Application

Arizona Department of Liquor Licenses And Control requires all applicants, licensees, and managers take a Title 4 training course prior to approval of an alcohol license. Please view the following link for additional requirements and a list of training providers.

<http://www.azliquor.gov/communications/trainers/trainers.cfm>

- Alcohol License: Application For Liquor License (Series 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15)
- Alcohol License Supplement: Questionnaire Form
- Alcohol License Supplement: Restaurant Operation Plan (Series 12)

Once the State has accepted your application, it will be sent to the Town of Gilbert for local approval.

Upon receipt of your application from the State, the Town of Gilbert will send a letter to the applicant with further instructions on how to proceed. A public hearing will be scheduled and a notice posted at the proposed licensed premises for twenty (20) days. Upon Town Council approval, and subsequent approval by the State, a Liquor License will be issued.

County Level (Maricopa):

The following license and/or permit requirements may be relevant to a restaurant business at the county level:

- Food Establishment Permit: Plan Review Application

Local Level (Gilbert):

The following license and/or permit requirements may be relevant to a restaurant business at the local level:

- Business License: Business Registration Application

- Business License: Certificate of Occupancy Permit Application

Please note: Many times additional documentation must be provided to the licensing authority when submitting applications (e.g. financial statements, bonds etc.). In addition, applicants may need to take a test or get fingerprinted before issuance of a license. Be sure to carefully review the instructions and procedures before submitting the applications.

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Business License Compliance Package

Alcohol License: (TTB F 5630.5d) Application for Alcohol Dealer Registration (Federal)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

U.S. Alcohol and Tobacco Tax and Trade Bureau (TTB)
1310 G Street, NW., Suite 300
Washington, DC 20220
Phone 1: 202-453-2000
Website: <http://www.ttb.gov/index.shtml>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

U.S. Alcohol and Tobacco Tax and Trade Bureau (TTB)
550 Main Street, Suite 8002
Cincinnati, OH 45202

Fee Information

Payment is not required when filing this application.

Additional Documents

the following documents have also been included to assist you with this application:

- Title 27: Alcohol, Tobacco and Firearms PART 24 WINE
This document is available online by clicking [here](#).

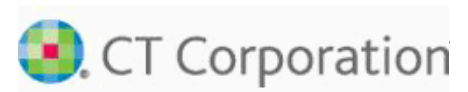
Additional Helpful Information

General Notes

Information pertaining to filing this form

- Additional Information: Please read the instructions for this application.

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**DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
Alcohol Dealer Registration – For Use On and After July 1, 2008**

(Please read instructions carefully before completing this form)

SECTION 1 – IDENTIFYING INFORMATION

Complete all fields in section 1 to correctly identify your business

NAME (Last, First, Middle) or CORPORATE NAME (If Corporation)	EMPLOYER IDENTIFICATION NUMBER (See Instructions) -		
MAILING ADDRESS (Street address or P.O. Box)	CITY	STATE	ZIP CODE

SELECT BOX a, b, or c:

- a. NEW BUSINESS
- b. OUT OF BUSINESS

c. EXISTING BUSINESS WITH CHANGE IN: (complete items below)

- | | |
|---|---|
| <input type="checkbox"/> NAME / TRADE NAME | <input type="checkbox"/> OWNERSHIP INFO |
| <input type="checkbox"/> ADDRESS / LOCATION | <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER |
| <input type="checkbox"/> BUSINESS CLASS (OLD: -) | |
| <input type="checkbox"/> PHONE (NEW: -) | |

DATE OF CHANGE, OR OF ENTRY INTO BUSINESS, OR OF TERMINATION OF BUSINESS (mm/dd/yyyy)

SECTION 2 – BUSINESS CLASS(ES) AND PREMISES LOCATIONS

Enter information below for each business location, using the appropriate class code

DEALER CLASS	SUBCLASS	CLASS CODE
RETAIL DEALER (Anyone who sells, or offers for sale, beverage alcohol products to any person other than a dealer. Examples are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.)	Liquors (Distilled Spirits, Wine or Beer)	11
	Beer Only	12
	Liquors (Distilled Spirits, Wine or Beer) – At Large*	15
	Beer Only – At Large*	16
WHOLESALE DEALER (Anyone who sells, or offers for sale, beverage alcohol products to another dealer. An IMPORTER must register as a wholesaler if he or she sells beverage alcohol products to other dealers.)	Liquors (Distilled Spirits, Wine, or Beer)	31
	Beer Only	32

* A retail dealer at large is one whose business requires him to move from place to place, such as a circus or carnival.

CLASS CODE	TRADE NAME	PREMISES ADDRESS STREET NUMBER AND NAME	CITY, STATE, ZIP CODE	TELEPHONE NUMBER
				()
				()
				()
				()
				()

Under penalties of perjury, I declare that the statements in this registration are true and correct to the best of my knowledge and belief; that this registration applies only to the specified business and location or, where the registration is for more than one location, it applies only to the businesses at the locations specified on the attached list.

SIGNATURE	TITLE	DATE
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SECTION 3 – OWNERSHIP INFORMATION

INDIVIDUAL OWNER PARTNERSHIP CORPORATION LLC OTHER (Specify)

FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION

INSTRUCTIONS**GENERAL INSTRUCTIONS**

This registration is for use on and after July 1, 2008. If you are engaged in one or more of the alcohol activities listed on this form, you are required to file this form before beginning business. If there is a change in your business, you need to report it on or before the next July 1 (see CHANGES IN OPERATIONS, below). You may file one registration to cover several locations or several types of activity operating under the same Employer Identification Number (EIN).

NOTE: The special (occupational) tax on producers and marketers of alcohol beverages was repealed by Section 11125 of Public Law 109-59, effective July 1, 2008. However, tax liability and the registration requirement for periods before that date remain. If you need to file a delinquent or amended registration for a period through June 30, 2008, please use TTB Form 5630.5a, Alcohol Special (Occupational) Tax Registration and Return – For Periods Ending On or Before June 30, 2008.

SIGNING YOUR REGISTRATION

This form must be signed by the individual owner, a partner, or, in the case of a corporation or LLC, an individual authorized to sign on behalf of the corporation or LLC.

SECTION 1 – IDENTIFYING INFORMATION

Complete Section 1, Identifying Information, as specified on the form. Your registration must contain a valid Employer Identification Number (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency. If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (beginning with XX) to allow initial processing of a return which lacks an EIN, do not delay submission of your registration pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

SECTION 2 – PREMISES LOCATIONS

Enter the requested information in Section 2 for each premises location even if this repeats the business information listed in Section 1. If you are reporting a change, enter the date of the change in the appropriate space in Section 1. If additional sheets are needed, make a copy of page 1 of this form or enter the requested information on a separate sheet of paper with your EIN and Company's name.

SECTION 3 – OWNERSHIP INFORMATION

Please complete the ownership information in Section 3. Supply the information specified for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol. For a corporation, association, or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

CHANGES IN OPERATIONS

If there is a change of your company's name, trade name, address, premises location, telephone number, ownership information, type of business, or EIN, complete TTB F 5630.5d and submit it no later than the next July 1 after the change. Check the box, Existing Business with Change(s), complete all fields in Section 1, and complete Sections 2 and 3 as necessary to show any changes there. Upon going out of business, submit TTB F 5630.5d within 30 days, checking box b in Section 1. If you are still in business but there are no changes since your last registration, this form does not need to be submitted.

MAILING INSTRUCTIONS

Please sign and date this registration and mail it to:

Alcohol and Tobacco Tax and Trade Bureau
550 Main Street, Suite 8002
Cincinnati, OH 45202-5215.

CONTACT INFORMATION

For further assistance, contact TTB National Revenue Center at 1-800-937-8864 or 1-877-882-3277; or email to ttbtaxstamp@ttb.gov. Additional information is also available at our Web site, www.ttb.gov.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance with Section 11125 of Public Law 109-59, and the Internal Revenue Laws of the United States.

The estimated average burden associated with this collection of information is .8 hour per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, D.C. 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.

Business License Compliance Package

Tax Registration: Joint Tax Application

(State, AZ)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Arizona Department of Revenue

1600 W. Monroe

Phoenix, AZ 85007-2650

Phone 1: (602) 542-4576

Website: <http://www.revenue.state.az.us/>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Arizona Department of Revenue

Attn: License & Registration

P.O. Box 29032

Phoenix, AZ 85038-9032

Fee Information

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application. The fee varies and is based on the following:

- Type of License

Payment

If paying by check, make check payable to: Arizona Department of Revenue

Additional Documents

the following documents have also been included to assist you with this application:

- Resale Certificate

This document is available online by clicking [here](#).

- Frequently Asked Questions About Arizona

Withholding

This document is available online by clicking [here](#).

Additional Helpful Information

General Notes

Information pertaining to filing this form

- Additional Information: Prior to the issuance of a Transaction Privilege Tax license, new or out-of-state contractors are required to post a Taxpayer Bond for Contractors, unless the Contractor qualifies for an exemption from the bonding requirement.

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ARIZONA JOINT TAX APPLICATION

IMPORTANT: Incomplete applications WILL NOT BE PROCESSED. All required information is designated with asterisk *

To complete this application see attached instructions. Please return Complete application with appropriate license fee(s) to: **License & Registration Section, Department of Revenue, PO BOX 29032, Phoenix AZ 85038-9032.**

To complete this online,
go to www.aztaxes.gov

Section A: Taxpayer Information (Print legibly or type the information on this application.)

<p>1. License Type (Check all that apply) *</p> <p><input type="checkbox"/> Transaction Privilege Tax (TPT)</p> <p><input type="checkbox"/> Withholding/Unemployment Tax (<i>if hiring employees</i>)</p> <p><input type="checkbox"/> Use Tax</p> <p><input type="checkbox"/> TPT For Cities ONLY</p>	<p>2. Type of Ownership *</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Individual / Sole Proprietorship</td> <td><input type="checkbox"/> Sub-Chapter S Corporation</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Association</td> </tr> <tr> <td><input type="checkbox"/> Professional Limited Liability</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Government</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Estate</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td>State of Inc. _____</td> <td><input type="checkbox"/> Receivership</td> </tr> <tr> <td>Date of Inc. _____</td> <td></td> </tr> </table> <p><small>Tax exempt organizations must attach a copy of the Internal Revenue Service letter of determination.</small></p>	<input type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Sub-Chapter S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Professional Limited Liability	<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Estate	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	State of Inc. _____	<input type="checkbox"/> Receivership	Date of Inc. _____	
<input type="checkbox"/> Individual / Sole Proprietorship	<input type="checkbox"/> Sub-Chapter S Corporation																
<input type="checkbox"/> Partnership	<input type="checkbox"/> Association																
<input type="checkbox"/> Professional Limited Liability	<input type="checkbox"/> Trust																
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Government																
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Estate																
<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture																
State of Inc. _____	<input type="checkbox"/> Receivership																
Date of Inc. _____																	
3. Federal Employer Identification Number (Required for Employers and Entities other than Sole Proprietors) or Social Security Number *																	
4. Legal Business Name / Owner / Employing Unit *																	
5. Business or "Doing Business As" Name *	6. Business Phone Number *	7. Fax Number															
8. Mailing Address (Street, City, State, ZIP code) *		9. Country															
10. Email Address	11. Is your business located on an Indian Reservation? <input type="checkbox"/> Yes If yes, _____ (See Section G for listing of Reservations) <input type="checkbox"/> No																
12. Physical Location of Business (Street, City, State, ZIP code) Do not use PO Box or Route No. *		13. County															

For additional business locations, complete Section B-12

<p>14. Are you a construction contractor? *</p> <p><input type="checkbox"/> Yes (See Bonding Requirements below)</p> <p><input type="checkbox"/> No</p>	<p>15. Did you acquire, or change the legal form of business of, all or part of an existing business? *</p> <p><input type="checkbox"/> Yes If yes, you must complete the Unemployment Tax Information (Section D)</p> <p><input type="checkbox"/> No</p>
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Bonding Requirements: Prior to the issuance of a Transaction Privilege Tax license, new or out-of-state contractors are required to post a Taxpayer Bond for Contractors, unless the Contractor qualifies for an exemption from the bonding requirement. The primary type of contracting being performed determines the amount of bond to be posted. Bonds may also be required from applicants who are delinquent in paying Arizona taxes or have a history of delinquencies. For more information on bonding, please see the "Taxpayer Bonds" publication, which is available online or at the Department of Revenue offices.

16. Description of Business (Must include type of merchandise sold or taxable activity; for employers, the type of employment) *

17. NAICS Code: (Select at least one. Go to www.aztaxes.gov for a listing of codes) *


18. Identification of Owner, Partners, Corporate Officers, Members / Managing Members or Officials of this employing unit

A. Name (Last, First, MI) *	B. Soc. Sec. No. *	C. Title *	D. % Owned *	E. Complete Residence Address *	F. Phone Number *

If the owner, partners, corporate officers or combination of partners or corporate officers, members and/or managing members own more than 50% of or control another business in Arizona, attach a list of the businesses, percentages owned and unemployment insurance account numbers.

THIS BOX FOR AGENCY USE ONLY

<input type="checkbox"/> New	Acct. No. _____	LIAB _____	DLN _____
<input type="checkbox"/> Change	Start _____	LIAB Est. _____	TPT _____
<input type="checkbox"/> Revise			WH _____
<input type="checkbox"/> Reopen	S/E Date _____		

1. Date Business Started in Arizona *		2. Date Sales Began *		3. What is your anticipated annual income for your first twelve months of business?									
4. Business Classes (Select at least one. See Section H for a listing of business classes on page 4) *													
5. TPT Filing Method <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual			6. Does your business sell tobacco products? <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Retailer <input type="checkbox"/> No <input type="checkbox"/> Distributor				7. Does your business sell new motor vehicle tires or vehicles? <input type="checkbox"/> No <input type="checkbox"/> Yes (You will be required to file a TR-1.)						
8. Are you a seasonal filer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please check the months in which you intend to do business:											
9. Location of Tax Records (Street Address, City, State and ZIP code) Do not use PO Box or Route No. *													
10. Name of Company or Person to Contact						11. Phone Number							
12. "Doing Business As" Name for this Location										13. Phone Number			
14. Physical Location Address (Do not use PO Box or Route No.)													
15. City				16. County				17. State		18. ZIP code			
19. "Doing Business As" Name for this Location										20. Phone Number			
21. Physical Location Address (Do not use PO Box or Route No.)													
22. City				23. County				24. State		25. ZIP code			
Benson	BS	5.00		Hayden	HY	5.00		Show Low	SL	2.00			
Bisbee	BB	1.00		Holbrook	HB	1.00		Sierra Vista	SR	1.00			
Buckeye	BE	2.00		Huachuca City	HC	2.00		Snowflake	SN	2.00			
Camp Verde	CE	2.00		Jerome	JO	2.00		South Tucson	ST	2.00			
Carefree	CA	10.00		Kearny	KN	2.00		Springerville	SV	5.00			
Casa Grande	CG	2.00		Kingman	KM	2.00		St. Johns	SJ	2.00			
Cave Creek	CK	20.00		Lake Havasu	LH	5.00		Star Valley	SY	2.00			
Chino Valley	CV	2.00		Litchfield Park	LP	2.00		Superior	SI	2.00			
Clarkdale	CD	2.00		Mammoth	MH	2.00		Surprise	SP	10.00			
Clifton	CF	2.00		Marana	MA	5.00		Taylor	TL	2.00			
Colorado City	CC	2.00		Maricopa	MP	2.00		Thatcher	TC	2.00			
Coolidge	CL	2.00		Miami	MM	2.00		Tolleson	TN	2.00			
Cottonwood	CW	2.00		Oro Valley	OR	12.00		Tombstone	TS	1.00			
Dewey/Humboldt	DH	2.00		Page	PG	2.00		Tusayan	TY	2.00			
Duncan	DC	2.00		Paradise Valley	PV	2.00		Wellton	WT	2.00			
Eagar	EG	10.00		Parker	PK	2.00		Wickenburg	WB	2.00			
El Mirage	EM	15.00		Patagonia	PA	25.00		Williams	WL	2.00			
Eloy	EL	10.00		Payson	PS	2.00		Winkelman	WM	2.00			
Florence	FL	2.00		Pima	PM	2.00		Winslow	WS	10.00			
Fountain Hills	FH	2.00		Pinetop/Lakeside	PP	2.00		Youngtown	YT	10.00			
Fredonia	FD	10.00		Prescott Valley	PL	2.00		Yuma	YM	2.00			
Gila Bend	GI	2.00		Quartzsite	QZ	2.00							
Gilbert	GB	2.00		Queen Creek	QC	2.00							
Globe	GL	2.00		Safford	SF	2.00							
Goodyear	GY	5.00		Sahuarita	SA	5.00							
Guadalupe	GU	2.00		San Luis	SU	2.00							
													

1. Date Employees First Hired in Arizona. *	2. Are you liable for Federal Unemployment Tax? <input type="checkbox"/> Yes If yes, what was the first year of liability? <input type="checkbox"/> No Year _____	3. Are individuals performing services that are excluded from withholding or unemployment tax? <input type="checkbox"/> Yes If yes, describe the services: <input type="checkbox"/> No
4. Do you have an IRS Ruling that grants an exclusion from Federal Unemployment Tax? <input type="checkbox"/> Yes If yes, attach a copy of the Ruling Letter. <input type="checkbox"/> No	5. Do you have or have you previously had an Arizona Unemployment Tax Number? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Business Name _____ Unemployment Number _____	
6. Record of Arizona wages paid by calendar quarter for current and preceding calendar year.		
Empty space for record of Arizona wages		
7. Weekly record of number of persons performing services in Arizona for current and preceding calendar year.		
Empty space for weekly record of number of persons		
8. Date Acquired or Date Legal Form of Business changed *	9. Acquired, or Changed Legal Form of Business of, * <input type="checkbox"/> All <input type="checkbox"/> Part If part, to obtain an unemployment tax rate based on the business's previous account you must request it no later than 180 days after the date entered in item 8 of this section. See instructions.	10. Acquired by * <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other If other, including change in legal form of business, explain:
Previous Owner Information or Previous Legal Form of Business Information (See instructions.)		
11. Name(s) of Previous Owner(s) *	12. Business Name of Previous Owner(s) *	
13. Current Mailing Address of Previous Owner(s) (Street, City, State, ZIP code)		
14. Current Telephone Number of Previous Owner(s)	15. Unemployment Account Number of Previous Owner(s)	
Voluntary Election of Unemployment Insurance Coverage (subject to Unemployment Tax Office approval).		
16. The applicant, on behalf of the employing unit, voluntarily elects beginning January 1 of the current calendar year or the date employment started, if later, and continuing for not less than two calendar years, to: <input type="checkbox"/> A. Be deemed an employer subject to Title 23, Chapter 4, Arizona Revised Statutes, to the same extent as all other such employers and provide unemployment insurance coverage to my workers performing services defined by law as employment, even though I have not met conditions requiring me to provide such coverage. <input type="checkbox"/> B. Extend unemployment insurance coverage to workers referred to in item 2, above, by having the services they perform be deemed to constitute. Employment by an employer subject to Title 23, Chapter 4, A.R.S.		

By electing to register for www.aztaxes.gov you can have online access to account information, and file and pay Arizona transaction, use, and withholding taxes. You also designate authorized users to access these services.

- I Elect to Register to use aztaxes.gov to file and pay online.
- I DO NOT Elect to Register to use aztaxes.gov to file and pay online.

1. Authorized Users Last Name	2. Authorized Users First Name
3. Authorized Users Title	4. Authorized Users Social Security Number
5. Authorized Users Email Address	6. Authorized Users Phone Number

This application must be signed by either a sole owner, partners, corporate officer, managing member, the trustee, receiver or personal representative of an estate.

I (we) hereby authorize the security administrator, if one is listed in Section E, to access the AZTaxes.gov site for the business identified in Section A. This authority is to remain in full force and effect until the Arizona Department of Revenue has received written termination notification from an authorized officer.

Type or Print Name	Title	Signature	Date
Type or Print Name	Title	Signature	Date

Equal Opportunity Employer/Program • This document available in alternative formats by contacting the UI Tax Office.

Ak-Chin (Pinal)	PNA	Hopi (Coconino)	COJ	Pascua-Yaqui (Maricopa)	MAN	Tohono O'dham (Pinal)	PNT
Cocopah (Yuma)	YMB	Hopi (Navajo)	NAJ	Pascua-Yaqui (Pima)	PMN	Tonto Apache (Gila)	GLU
Colorado River (La Paz)	LAC	Hualapai (Coconino)	COK	Salt River Pima-Maricopa (Mar.)	MAO	White Mtn Apache (Apache)	APD
Fort McDowell-Yavapai (Mar.)	MAE	Hualapai (Mohave)	MOK	San Carlos Apache (Gila)	GLP	White Mtn Apache (Gila)	GLD
Fort Mohave (Mohave)	MOF	Kaibab-Paiute (Coconino)	COL	San Carlos Apache (Graham)	GRP	White Mtn Apache (Graham)	GRD
Fort Yuma-Quechan (Yuma)	YMG	Kaibab-Paiute (Mohave)	MOL	San Carlos Apache (Pinal)	PNP	White Mtn Apache (Navajo)	NAD
Gila River (Maricopa)	MAH	Navajo (Apache)	APM	San Juan Southern Paiute (Coco.)	COQ	Yavapai Apache (Yavapai)	YAW
Gila River (Pinal)	PNH	Navajo (Coconino)	COM	Tohono O'Odham (Maricopa)	MAT	Yavapai Prescott (Yavapai)	YAX
Havasupai (Coconino)	COI	Navajo (Navajo)	NAM	Tohono O'Odham (Pima)	PMT		

Mining - Nonmetal	002	Commercial Lease	013	Use Tax - Utilities	026	Jet Fuel Tax	049
Utilities	004	Personal Property Rental	014	Rental Occupancy Tax	028	Jet Fuel Use Tax	051
Communications	005	Contracting - Prime	015	Use Tax Purchases	029	Rental Car Surcharge	053/055
Transporting	006	Retail	017	Use Tax from Inventory	030	Jet Fuel Tax > 10 million gallons	056
Private Car - Pipeline	007/008	Severance - Metalliferous Mining	019	Telecommunications Devices	033	Use Tax Direct Payments	129
Publication	009	Severance - Timbering Ponderosa	021	911 Wireless Telecommunications	036	911 Wireline Telecommunications	131
Job Printing	010	Severance - Timbering Other	022	Contracting - Owner Builder	037	Rental Car Surcharge - Stadium	153
Restaurants and Bars	011	Recreational Vehicle Surcharge	023	Municipal Water	041		
Amusement	012	Transient Lodging	025	Membership Camping	047		

INSTRUCTIONS FOR ARIZONA JOINT TAX APPLICATION

IMPORTANT: You must complete each of the following sections or your application will be returned

- For licensing questions on Transaction Privilege, Withholding or Use Tax (Department of Revenue) call (602) 542-4576 or 1-800-634-6494 (from area codes 520 and 928).
- For Unemployment Tax (Department of Economic Security) call (602) 771-6602 or e-mail uit.status@azdes.gov

- **License New Business:** A new business with no previous owners.
- **Change Ownership:** If acquiring or succeeding to all or part of an existing business or changing the legal form of your business (sole proprietorship to corporation, etc.).

If you need to update a license, add a business location, get a copy of your license or make other changes: **Complete a Transaction Privilege Tax License Update form and include fees of \$12 per location.**

Section A: TAXPAYER INFORMATION

1. LICENSE TYPE

Transaction Privilege Tax (TPT): Anyone involved in an activity taxable under the TPT statutes must apply for a TPT License before engaging in business.

For TPT, you are required to obtain and display a separate license certificate for each business or rental location. This may be accomplished in one of the following ways:

Each location may be licensed as a separate business with a separate license number for purposes of reporting transaction privilege and use taxes individually. Therefore a separate application is needed for each location.

Multiple locations may be licensed under a consolidated license number, provided the ownership is the same, to allow filing of a single tax return. If applying for a new license, list the various business locations as instructed below. If already licensed and you are adding locations, **do not use this application to consolidate an existing license. Please submit update form.**

Withholding & Unemployment Taxes: Employers paying wages or salaries to employees for services performed in the State must apply for a Withholding number & Unemployment number.

Use Tax: Out-of-state vendors (that is, vendors with no Arizona location) making direct sales into Arizona must obtain a Use Tax Registration Certificate. In-state vendors making out-of-state purchases for their own use (and not for resale) must also obtain the Use Tax Registration Certificate.

TPT for cities only: This type of license is needed if your business activity is subject to city TPT that is collected by the state, but the activity is not taxed at the state level. Many of the larger cities in Arizona administer and collect their own privilege taxes. Please contact those cities directly to obtain information regarding licensing requirements.

2. TYPE OF OWNERSHIP

Check as applicable. A corporation must provide the state and date of incorporation.

3. Enter your Federal Employer Identification number.

- Taxpayers are required to provide their taxpayer identification number (TIN) on all returns and documents. A TIN is defined as the federal employer identification number (EIN), or social security number (SSN) depending upon how income tax is reported. The EIN is required for all employers. A penalty of \$5 will be assessed

by the Department of Revenue for each document filed without a TIN.

4. Enter the **Legal Business Name** of the Owner or Employing Unit (name of corporation as listed in its articles of incorporation, or individual & spouse, or partners, or organization owning or controlling the business).
5. Enter the name of the **Business/DBA (doing business as) Name**. If same as above, enter "same."
6. Enter the **business telephone number** including area code.
7. Enter the **fax number** including area code.
8. and 9. Enter **mailing address** where all correspondence is to be sent. You may use your home address, corporate headquarters, or accounting firm's address, etc. If mailing address differs for licenses (for instance withholding and unemployment insurance), please use cover letter to explain.
10. Enter the **e-mail address** (option) for the business or contact person.
11. See section G for listing of **reservation codes** if your business is located on an Indian Reservation.
12. and 13. Enter the **physical location** of business including county. This can not be a PO Box or Route Number.
14. If you are a **construction contractor**, read the bonding requirements carefully.
15. If you answered yes, you must complete Section D.
16. Describe the major business activity: principal product you manufacture, commodity sold, or services performed. Your description of the business is very important because it determines your transaction privilege tax rate and provides a basis for state economic forecasting.
17. Enter the **North American Industries Classification System (NAICS) code** identified for your business activity.
 18. Identify the **owners of the business**. Enter as many as applicable; attach a separate sheet if additional space is needed.

Section B: TRANSACTION PRIVILEGE TAX (TPT)

1. Enter the date the business started in Arizona.
2. Enter **date sales began in Arizona**, or estimate when you plan to begin selling in Arizona.
3. Enter the amount of Transaction Privilege Tax income you can reasonably expect to generate in your first twelve months of business. You will be set up for monthly filing unless your anticipated annual income will result in a tax liability of less than \$1,250, which may qualify you for quarterly filing.
4. For businesses applying for Transaction Privilege and/or Use Tax, enter the applicable **business classes** based on your activity. See Section H for listing of business classes.

Cash method requires the payment of tax based on sales receipts actually received during the period covered on the tax return. When filing under the accrual method, the tax is calculated on the sales billed rather than actual receipts.

Complete as indicated.

Sellers of new motor vehicles and motor vehicle tires in the state, for on-road use, are required to report and pay waste tire fees to the Department of Revenue. By checking the box, you will receive form TR-1 on a quarterly basis.

If your business is seasonal or a transient vendor, indicate the months in which you intend to do business.

Indicate the physical location of your tax records, the contact person and their phone number. This can not be a PO Box or Route Number.

If you have additional business locations, complete this section. If more space is necessary, attach additional sheets.

There are no fees for Withholding, Unemployment, or Use Tax registrations. To calculate the fees for TPT licenses, multiply the number of locations in the state by \$12. To calculate the city fees, use the listing of program cities in Section C. First, indicate the number of businesses or physical locations for each of the cities for which the Department of Revenue licenses and collects. Then multiply by the city fee for each city in which you will do business. Add the columns to determine the total city fees. Fill in the totals for state fees and city fees on the application form and total to determine the amount due. Make checks payable to the Arizona Department of Revenue. Be sure to return the city fees sheet with your application.

Complete as indicated.

Enter the date you acquired the previous owner's business or changed the legal form of your existing business (sole proprietor to corporation, etc).

Indicate whether you acquired or changed all or only part of the existing Arizona business. If part, to obtain an unemployment tax rate based on the business's previous account, you must request it no later than 180 days after the date of acquisition or legal form of business change; contact the Unemployment Tax Office Experience Rating Unit for an Application & Agreement for Severable Portion Experience Rating Transfer (form UC-247; printable version available online at www.azui.com).

Indicate the manner in which you became the new owner or operator of this business or, if you merely changed the legal form of your existing business, check "Other" and explain, for example, "Changed sole proprietorship to corporation."

Complete as indicated if you acquired an existing business or, if you merely changed the legal form of your existing business, provide information on your business under its previous legal form.

Complete as indicated if you know the previous owner's information or, if you merely changed the legal form of your existing business, provide information on your business under its previous legal form.

Once certain conditions are met, the law requires employers to provide unemployment insurance coverage to their workers, but only for services the law defines as employment. Check if you believe you have not met such conditions you voluntarily elect to provide such coverage anyway. Check if you voluntarily elect to cover your workers who perform services the law excludes from its definition of employment and who are excluded from coverage otherwise.

If you check one or both boxes, then your signature(s) in Section F confirm(s) your voluntary election to assume liability for the extent of unemployment coverage your selection indicates for at least two calendar years, and you will not be permitted to challenge this election at a later date if it is approved. To learn more, please refer to the *Employers' Handbook or Guide to Arizona Employment Tax Requirements* available online at www.azui.com, or contact the Unemployment Tax Office Employer Status Unit.

Complete this section if you would like to designate a security administrator for your online services at www.aztaxes.gov. The authorized individual will have full access to tax account information and will add or delete users and grant user privileges to view tax account information, file tax returns, and remit tax payments on behalf of the business identified in Section A. The name and e-mail address of the administrator are required for registration.

The application must be signed only by individuals legally responsible for the business, not agents or representatives.

If your business is located on an Indian Reservation, select the appropriate code from this table and indicate on Section A-11.

Select appropriate business classes based on your business activities. You must indicate at least one business class on Section B-4.

Business License Compliance Package

Alcohol License: Application For Liquor License (Series 1, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 15) (State, AZ)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Arizona Department of Liquor Licenses and Control

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
Phone 1: (602)542-5141
Fax: (602)542-5707
Email: liqr@azll.com
Website: <http://www.azliquor.gov/>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Arizona Department of Liquor Licenses and Control

800 W Washington 5th Floor
Phoenix, AZ 85007

Fee Information

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application. The fee varies and is based on the following:

- Type of Business

Payment

If paying by check, make check payable to: Arizona Dept. of Liquor License and Control

Additional Documents

the following documents have also been included to assist you with this application:

- License Types: Series 12 Restaurant License
This document is available online by clicking [here](#).
- Restaurant Licensing Guidelines
This document is available online by clicking [here](#).
- Liquor License Application Requirements & Fees (Series 1)
This document is available online by clicking [here](#).

Additional Helpful Information

General Notes

Information pertaining to filing this form

- The following special signature/seal are required: (Notary Public)
- Please see form for complete submission information.

Brought to You By:



www.CTAdvantage.com

Arizona Department of Liquor Licenses and Control
 800 West Washington, 5th Floor
 Phoenix, Arizona 85007
 www.azliquor.gov
 602-542-5141

APPLICATION FOR LIQUOR LICENSE
 TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
- LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- J.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s): _____

1. Type of License(s): _____

2. Total fees attached: \$

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.
The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. _____ Ms. _____
 (Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.: _____
 (Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: _____
 (Exactly as it appears on the exterior of premises)

4. Principal Street Location _____
 (Do not use PO Box Number) City County Zip

5. Business Phone: _____ Daytime Contact: _____

6. Is the business located within the incorporated limits of the above city or town? YES NO

7. Mailing Address: _____
 City State Zip

8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: Application _____ Interim Permit _____ Agent Change _____ Club _____ Finger Prints \$ _____
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? YES NO

Accepted by: _____ Date: _____ Lic. # _____

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? YES NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
 MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X _____ State of _____ County of _____
(Signature) The foregoing instrument was acknowledged before me this
 _____ day of _____, _____
 My commission expires on: _____ Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City	State	Zip
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								
<input type="checkbox"/> <input type="checkbox"/>								

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business? YES NO
 If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- CORPORATION **Complete questions 1, 2, 3, 5, 6, 7, and 8.**
- L.L.C. **Complete 1, 2, 4, 5, 6, 7, and 8.**

1. Name of Corporation/L.L.C.: _____
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: _____ State where Incorporated/Organized: _____
3. AZ Corporation Commission File No.: _____ Date authorized to do business in AZ: _____
4. AZ L.L.C. File No: _____ Date authorized to do business in AZ: _____
5. Is Corp./L.L.C. Non-profit? YES NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? YES NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

- 1. Current Business: Name _____
(Exactly as it appears on license) Address _____
- 2. New Business: Name _____
(Physical Street Location) Address _____
- 3. License Type: _____ License Number: _____
- 4. If more than one license to be transferred: License Type: _____ License Number: _____
- 5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

- 1. Distance to nearest school: _____ ft. Name of school _____
Address _____
City, State, Zip _____
- 2. Distance to nearest church: _____ ft. Name of church _____
Address _____
City, State, Zip _____
- 3. I am the: Lessee Sublessee Owner Purchaser (of premises)
- 4. If the premises is leased give lessors: Name _____
Address _____
City, State, Zip _____
- 4a. Monthly rental/lease rate \$ _____ What is the remaining length of the lease ___ yrs. ___ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ _____ or other _____
(give details - attach additional sheet if necessary)
- 5. What is the total **business** indebtedness for this license/location excluding the lease? \$ _____
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

- 6. What type of business will this license be used for (be specific)? _____

SECTION 13 - continued

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
 YES NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO
- 9. Is the premises currently licensed with a liquor license? YES NO If yes, give license number and licensee's name:
 License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO
 If yes, give the name of licensee, Agent or a company name:
 _____ and license #: _____
Last First Middle
- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this hotel/motel restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

_____ applicant's signature

As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

_____ applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

- 1. Check **ALL** boxes that apply to your business:
 Entrances/Exits Liquor storage areas Patio: Contiguous
 Service windows Drive-in windows Non Contiguous
- 2. Is your licensed premises currently closed due to construction, renovation, or redesign? YES NO
 If yes, what is your estimated opening date? _____
month/day/year
- 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

_____ applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

SECTION 16 Signature Block

I, _____, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

(print full name of applicant)

X _____
(signature of applicant listed in Section 4, Question 1)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ of _____, _____
Day Month Year

My commission expires on : _____
Day Month Year

signature of NOTARY PUBLIC

Business License Compliance Package

Alcohol License Supplement: Questionnaire Form

(State, AZ)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Arizona Department of Liquor Licenses and Control

800 W Washington 5th Floor

Phoenix, AZ 85007-2934

Phone 1: (602)542-5141

Fax: (602)542-5707

Email: liqr@azll.com

Website: <http://www.azliquor.gov/>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Arizona Department of Liquor Licenses and Control

800 W Washington 5th Floor

Phoenix, AZ 85007-2934

Fee Information

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application. The fee varies and is based on the following:

- Processing Cost - (\$24.00 processing fee for each fingerprint card submitted.)

Payment

If paying by check, make check payable to: Arizona Dept. of Liquor License and Control

Additional Helpful Information

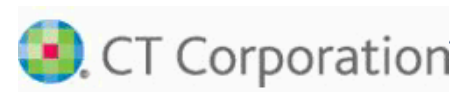
General Notes

Information pertaining to filing this form

- Please see form for complete submission information.

- Additional Information: Please Contact the Department at 602-542-5141 or the Tucson office at 520-628-6595 to order fingerprint cards.

Brought to You By:



www.CTAdvantage.com

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

**Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.**

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD AVAILABLE AT THIS OFFICE. FINGERPRINTS ON FBI-APPROVED CARDS ARE ACCEPTED FROM LAW ENFORCEMENT AGENCIES, BONA FIDE FINGERPRINT SERVICES, OR THE DEPARTMENT OF LIQUOR. THE DEPARTMENT CHARGES A \$13 FEE.

In addition to other fingerprint fees, a \$22 DPS background check fee will be charged for each fingerprint card.

Liquor License #

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

	(If the location is currently licensed)		
1. Check appropriate box →	Controlling Person (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager	Agent (Complete Questions 1-19) Controlling Person or Agent must complete #21 for a Manager	Manager (Only) (Complete All Questions <u>except</u> # 14, 14a & 21) Controlling Person or Agent must complete # 21

2. Name: _____ Date of Birth: ____/____/____
Last First Middle (NOT a Public Record)

3. Social Security Number: _____ Drivers License #: _____ State: _____
(NOT a public record) (NOT a public record)

4. Place of Birth: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____
City State Country (not county)

5. Marital Status Single Married Divorced Widowed

6. Name of Current or Most Recent Spouse: _____ Date of Birth: ____/____/____
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? _____ If Arizona, date of residency: _____

8. Telephone number to contact you during business hours for any questions regarding this document. _____

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: _____ Premises Phone: _____

11. Physical Location of Licensed Premises Address: _____
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. **List most recent 1st.**

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
	CURRENT		

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑ ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENTIAL Street Address <small>If rented, attach additional sheet with name, address and phone number of landlord</small>	City	State	Zip
	CURRENT					

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day? _____, and answer #14a below . If NO, skip to #15.	YES	NO
14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.	YES	NO

15. Have you been cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years?
In addition, please include all traffic tickets and complaints within the last ten (10) years that resulted in a warrant for arrest AND any traffic tickets and complaints that are alcohol or drug-related.

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? Include only criminal traffic tickets and complaints.

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state?

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?

If any answer to Questions 15 through 19 is "**YES**" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, _____, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X _____
(Signature of Applicant)

State of _____ County of _____

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____
Day Month Year

(Signature of NOTARYPUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____, _____
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

Business License Compliance Package

Alcohol License Supplement: Restaurant Operation Plan (Series 12)

(State, AZ)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Arizona Department of Liquor Licenses and Control

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
Phone 1: (602)542-5141
Fax: (602)542-5707
Email: liqr@azll.com
Website: <http://www.azliquor.gov/>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Arizona Department of Liquor Licenses and Control

800 W Washington 5th Floor
Phoenix, AZ 85007-2934

Fee Information

Payment is not required when filing this application.

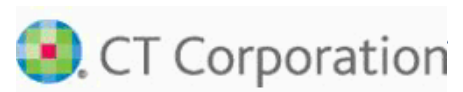
Additional Helpful Information

General Notes

Information pertaining to filing this form

- The following special signature/seal are required: (Notary Public)
- Please see form for complete submission information.

Brought to You By:



www.CTAdvantage.com

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

RESTAURANT OPERATION PLAN

LICENSE# _____

1. List by Make, Model and Capacity of your :

Grill	
Oven	
Freezer	
Refrigerator	
Sink	
Dish Washing Facilities	
Food Preparation Counter (Dimensions)	
Other	

2. Print the name of your restaurant: _____
3. Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).
4. List the seating capacity for:
- a. **Restaurant area of your premises** []
- b. **Bar area of your premises** [+]
- c. **Total area of your premises** []
5. What type of dinnerware and utensils are utilized within your restaurant?
 Reusable Disposable
6. Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover). Yes _____ % No
7. What percentage of your public premises is used primarily for restaurant dining?
 (Does not include kitchen, bar, cocktail tables or game area.) _____ %

***Disabled individuals requiring special accommodations, please call (602) 542-9027**

Business License Compliance Package

Food Establishment Permit: Plan Review Application

(County, Maricopa AZ)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Maricopa County Environmental Services Department

1001 N. Central

Suite #300

Phoenix, AZ 85004

Phone 1: (602)506-6824

Fax: (602) 506-6862

Website:

<http://www.maricopa.gov/MenuDetail.aspx?Menu=deptView#dept3>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Maricopa County Environmental Services Department

1001 N. Central Ave.

#150

Phoenix, AZ 85004

Fee Information

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application. The fee varies and is based on the following:

- Number of Seats
- Type of Facility(s)

Payment

If paying by check, make check payable to: County of Maricopa

Additional Documents

the following documents have also been included to assist you with this application:

- Health Plan Review Fees

This document is available online by clicking [here](#).

- FAQs

This document is available online by clicking [here](#).

- Plan Review Submittal

This document is available online by clicking [here](#).

Additional Helpful Information

General Notes

Information pertaining to filing this form

- The following must be submitted along with the application: (Site Plans) By Mail

- Please see form for complete submission information.

Brought to You By:



www.CTAdvantage.com



**Maricopa County Environmental Services Department
Environmental Health Division
Plan Review Application**

1001 N. Central Ave. #150 Phoenix, AZ 85004 phone: (602)506-6824
<http://esd.maricopa.gov>



Environmental Services
Department

Follow all instructions below to ensure a complete application packet and to avoid delays in the review process.

SUBMIT (Please refer to the construction guideline for assistance.)

- ✓ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ✓ Plan Review Fee(s)
- ✓ Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).

ENCLOSE THE FOLLOWING DOCUMENTS:

- ✓ Proposed menu (Including seasonal, off-site and catering menus).
- ✓ Finish schedule of interior finishes.
- ✓ Plumbing schedule.
- ✓ Plumbing layout showing type and location of equipment with drains.
- ✓ Equipment schedule showing type, manufacturer, and model numbers.
- ✓ Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- ✓ Manufacturer specification sheets (cut sheets) for each piece of equipment shown on the plan.
- ✓ Shop drawings of all custom-built equipment.
- ✓ Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- ✓ Lighting plan.
- ✓ Definitions of all existing equipment and finishes.
- ✓ Site plan showing the location of restrooms, mop basin, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).

No person shall commence construction unless the required plans have been approved. It shall be the full responsibility of said person that construction be in conformance with the approved plans and specifications.

The approval of plans and specifications shall lapse and become invalid one year from the date of approval unless a substantial portion of the work described in the plans and specifications has commenced by such anniversary date. An approval of plans and specifications can be renewed for one year if an application for renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the initial plan review fee is paid. The approval will be effective for one year from the date of expiration.

Should it be necessary or desirable to make any material change in the approved plans and specifications, revised plans and specifications shall be submitted to the Department for review, and approval shall be obtained before the work affected by the change is undertaken.

Once submitted, the plans will be reviewed for compliance with the Maricopa County Environmental Health Code (MCEHC). A response letter will be drafted and delivered to the applicant using the method indicated on the application. The letter will indicate items of noncompliance that need to be addressed during the construction of the establishment.



Maricopa County Environmental Services Department
Environmental Health Division
Plan Review Application

1001 N. Central Ave. #150 Phoenix, AZ 85004 phone: (602)506-6824

<http://esd.maricopa.gov>



Environmental Services
Department

During the construction of the establishment, the applicant shall request a Plumbing inspection at 20% completion, an Equipment inspection at 75% completion, and a Final Construction inspection at full completion. The Plumbing and Equipment inspections will assess the progress of construction to ensure it is aligned with the Department's response letter and is compliant with the MCEHC. The Final Construction inspection will be conducted to evaluate the facility for full compliance. If the facility meets current MCEHC standards at the time of inspection, the applicant will then contact the Business Services office to finalize the issuance of the permit by the payment of the operational permit fee. **The permit is not valid until the operational permit fee is paid.** No person shall conduct an operation or an establishment for which a permit is required without holding the necessary and valid permit to do so.

If the establishment fails to meet minimum standards it will not be approved to operate. An establishment is not allowed to operate unless approved by the Environmental Health Officer and must remain closed until such approval is granted. Department enforcement actions for establishments operating without a permit include Cease & Desist Order, Notice of Violation, Citation, and/or filing an action in Superior Court.

For questions, please contact us at (602)506-6824 and a Development Services Technician can assist you.



PERMIT/APPROVAL APPLICATION PROCESS

1. Steps required to obtain a Food or Non-Food permit/approval are included in this application packet.
2. Applicable licensing time frames are defined in A.A.C. R9-8-104.

Once submitted, the Department has up to 30 days to determine if the application and supporting information is administratively complete. If determined the application is incomplete, a notice of deficiency will be sent to the applicant requesting additional information. At this time, the timeframe clock will be suspended until the applicant provides the Department with the requested information.

Once administratively complete, the Department will evaluate the submittal for compliance with applicable codes. The Department has up to 60 additional days to make a final determination on the status of the permit. If a comprehensive request for additional information is made by the Department, the timeframe clock will be suspended until the applicant provides the Department with the requested information.

Administrative Review Time (working days)	Substantive Review Time (working days)	Overall Time (working days)
30	60	90

3. If there are questions about the application process or assistance is needed please contact a Development Services Technician at [602-506-6824](tel:602-506-6824).
4. The Department's website is located at <http://maricopa.gov/EnvSvc/>
5. You may receive clarification from the Department of its interpretation or application of a statute, ordinance, regulation, delegation agreement or authorized substantive policy statement as provided in A.R.S. §11-1609.



Maricopa County Environmental Services Department
Environmental Health Division
Plan Review Application

1001 N. Central Ave. #150 Phoenix, AZ 85004 phone: (602)506-6824
<http://esd.maricopa.gov>



Environmental Services
Department

A.R.S. §11-1602: REGULATORY BILL OF RIGHTS

A. TO ENSURE FAIR AND OPEN REGULATION BY COUNTIES, A PERSON:

1. IS ELIGIBLE FOR REIMBURSEMENT OF FEES AND OTHER EXPENSES IF THE PERSON PREVAILS BY ADJUDICATION ON THE MERITS AGAINST A COUNTY IN A COURT PROCEEDING REGARDING A COUNTY DECISION AS PROVIDED IN A.R.S. §12-348.
2. IS ENTITLED TO RECEIVE INFORMATION AND NOTICE REGARDING INSPECTIONS AS PROVIDED IN A.R.S. §11-1603 (*EFFECTIVE JUNE 30, 2012*).
3. IS ENTITLED TO HAVE A COUNTY NOT BASE A LICENSING DECISION IN WHOLE OR IN PART ON LICENSING CONDITIONS OR REQUIREMENTS THAT ARE NOT SPECIFICALLY AUTHORIZED AS PROVIDED IN A.R.S. §11-1604.
4. MAY HAVE A COUNTY APPROVE OR DENY THE PERSON'S LICENSE APPLICATION WITHIN A PREDETERMINED PERIOD OF TIME AS PROVIDED IN A.R.S. §11-1605 (*EFFECTIVE DECEMBER 31, 2012*).
5. IS ENTITLED TO RECEIVE WRITTEN OR ELECTRONIC NOTICE FROM A COUNTY ON DENIAL OF A LICENSE APPLICATION (*EFFECTIVE DECEMBER 31, 2012*):
 - (A) THAT JUSTIFIES THE DENIAL WITH REFERENCES TO THE STATUTE, ORDINANCE, REGULATION, DELEGATION AGREEMENT OR AUTHORIZED SUBSTANTIVE POLICY STATEMENTS ON WHICH THE DENIAL IS BASED AS PROVIDED IN A.R.S. §11-1605.
 - (B) THAT EXPLAINS THE APPLICANT'S RIGHT TO APPEAL THE DENIAL AS PROVIDED IN A.R.S. §11-1605.
6. IS ENTITLED TO RECEIVE INFORMATION REGARDING THE LICENSE APPLICATION PROCESS AT THE TIME THE PERSON OBTAINS AN APPLICATION FOR A LICENSE AS PROVIDED IN A.R.S. §11-1606.
7. MAY INSPECT ALL ORDINANCES, REGULATIONS AND SUBSTANTIVE POLICY STATEMENTS OF A COUNTY, INCLUDING A DIRECTORY OF DOCUMENTS, AT THE OFFICE OF THE COUNTY OR ON THE COUNTY'S WEBSITE AS PROVIDED IN A.R.S. §11-1607.
8. UNLESS SPECIFICALLY AUTHORIZED, MAY EXPECT COUNTIES TO AVOID DUPLICATION OF OTHER LAWS THAT DO NOT ENHANCE REGULATORY CLARITY AND TO AVOID DUAL PERMITTING TO THE MAXIMUM EXTENT PRACTICABLE AS PROVIDED IN A.R.S. §11-1604.
9. MAY FILE A COMPLAINT WITH THE BOARD OF SUPERVISORS CONCERNING AN ORDINANCE, REGULATION OR SUBSTANTIVE POLICY STATEMENT THAT FAILS TO COMPLY WITH A.R.S. §11-1602.



Maricopa County Environmental Services Department
 Environmental Health Division
 Plan Review Application

1001 N. Central Ave. #150 Phoenix, AZ 85004 phone: (602)506-6824
<http://esd.maricopa.gov>



Environmental Services
 Department

Provide all requested information below (please print)

Business Name (e.g. Name on the building):

Business Address:

City:

Zip Code:

Business Phone:

Business Fax:

Business Owner Name (e.g. LLC, Corp, or Sole Proprietor - must provide photo ID at time of submittal):

Business Owner Address:

City:

State:

Zip Code:

Business Owner Phone:

Business Owner Fax:

Business Owner Email:

Billing Name:

Billing Address:

City:

State:

Zip Code:

Billing Phone:

Billing Fax:

Billing Email:

START DATE OF THE PROJECT:

PROJECTED COMPLETION DATE:

Please provide contact information for the plan review response letter

Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Preferred Method:

Email

Fax

U.S. Mail



**Maricopa County Environmental Services Department
Environmental Health Division
Plan Review Application**

1001 N. Central Ave. #150 Phoenix, AZ 85004 phone: (602)506-6824
<http://esd.maricopa.gov>



Environmental Services
Department

Delivery of Inspection Reports

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department’s inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By signing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address or by facsimile transmission to the following fax number. It is the responsibility of the permit holder to update the Department if there is a change in contact information.

Email Address:	
Fax Number:	Signature:

I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.

Signature

Printed Name

Date

NOTE: Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). Multiple construction inspections and a final inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with the Maricopa County Environmental Health Code governing establishments.



**Maricopa County Environmental Services Department
Environmental Health Division
Plan Review Application**

1001 N. Central Ave. #150 Phoenix, AZ 85004 phone: (602)506-6824
<http://esd.maricopa.gov>



Environmental Services
Department

Supplemental Requests for Additional Information

Arizona law, A.R.S. 11-1605, limits Maricopa County Environmental Services Department (MCESD) to one request for additional information (set of review comments) when reviewing your application, unless the applicant agrees to allow additional requests.

A County Ordinance requires MCESD and the applicant to agree to extend the time frame by 25% if an agreement is made to allow MCESD to submit supplemental requests for additional information.

Indicate below your choice to either agree to supplemental information requests, or acknowledge that MCESD is limited to one request. The agreement will remain in place for the duration of the licensing process unless a revised agreement is approved by the parties.

Select One:

I agree that MCESD may submit supplemental requests for additional information and I agree to an extension of 25% of the supplemental review and overall licensing timeframe.

I acknowledge that MCESD is limited to one set of review comments. MCESD will approve or deny my application based on my application materials and my response to not more than one set of review comments.

Project Name/Location: _____

Applicant Name: _____

Title: _____

Signature: _____

Date: _____

Department Approval _____

Name: _____

Title: _____

Signature: _____

Date: _____

Project Number: _____



Office Use Only

Application Fees (Fees are subject to change)

Quantity	Application Type	Fee	As-Built	Expedite	Total Fee
	Eating & Drinking 0-9 Seating	\$545	\$545	\$545	\$
	All Other Food Establishments	\$615	\$615	\$615	\$
	School Facility Food Service	\$480	\$480	\$480	\$
	Public School Grounds	\$640	\$640	\$640	\$
	Public Accommodation	\$680	\$680	\$680	\$
	Pet Shop / Pet Groomer	\$520	\$520	\$520	\$
	Plan Review Permit Extension	½ Original plan review fee			\$

Total Fees Due	\$
-----------------------	----

Business Name:		
Business Address:		
Submittal Date:		Site Location:
Plan Review District:		
Permit Number	Permit Type	Classification

Business License Compliance Package

Business License: Business Registration Application

(Local, Gilbert AZ)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Gilbert Community Development Department

90 E. Civic Center Dr

Gilbert, AZ 85296

Phone 1: (480)503-6700

Phone 2: (480)503-6010

Fax: (480)497-4923

Website:

<http://www.ci.gilbert.az.us/eservices/business/default.cfm>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Gilbert Community Development Department

90 E. Civic Center Drive

Gilbert, AZ 85296

Fee Information

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application. The fee varies and is based on the following:

- Type of Application

Payment

If paying by check, make check payable to: City of Gilbert

Additional Documents

the following documents have also been included to assist you with this application:

- Business License Fees

This document is available online by clicking [here](#).

Additional Helpful Information

General Notes

Information pertaining to filing this form

- The following must be submitted along with the application: (Additional Form)

- Please see form for complete submission information.

- Additional Information: The licensing Eligibility Form must be submitted unless the applicant resides abroad. See Licensing Eligibility form for full instructions.

ADULT BUSINESS, ESCORT, MASSAGE THERAPY ESTABLISHMENT
PLEASE ALSO SUBMIT WITH THIS APPLICATION THE FOLLOWING FOR APPLICANT, OPERATORS AND/OR EMPLOYEES:

a. Names you have used in the last 5 years other than what is listed under "applicant".

b. Copy of driver's license

c. Copy of a government photo ID

d. Two portrait photos taken within the last 6 months

e. Copy of AZ massage license for all therapists

f. Two copies of the floor plan for the establishment

(Attach additional pages if necessary)

Brought to You By:



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A Community of Excellence

Business License Application

\$35 FOR MOST BUSINESSES

Development Services Department
90 E. Civic Center Dr.
Gilbert, AZ 85296
(480) 503-6700-Phone
(480) 497-4923-Fax
www.gilbertaz.gov

LIQUOR LICENSE APPLICANTS MUST FIRST APPLY AT THE ARIZONA DEPT OF LIQUOR

PLEASE USE BLACK INK ONLY

1. BUSINESS OWNER/APPLICANT INFORMATION

Business Owner Name _____ Title _____

Address _____
City State Zip

Phone _____ Fax _____ E-mail _____

Circle Type of Ownership*: Public Non-profit Family Private LLC Corp Partnership

Individual, sole proprietorship or husband and wife businesses must complete a **Licensing Eligibility Form, provide picture ID and submit with this application*

2. BUSINESS INFORMATION

Business Trade Name _____ AZ Sales Tax # _____

Location _____ Suite # _____
(where business takes place)

Mailing Address _____
(if different from above)

Phone _____ Fax _____ E-mail _____

Website _____ Date to begin in Gilbert _____

Exact Nature of Business* _____

**A Use permit is required for some businesses including: pawn shops, adult businesses, tattoo/piercing studios, non-chartered financial institutions and smoking lounges.*

*All Businesses With A Physical Location In Gilbert Must Submit A Supplemental **Wastewater Questionnaire***

Is your business located in Gilbert and home based? Yes No If yes, please also complete a **Home-Based Business Questionnaire** supplement and submit with this application.

3. Is your business located in Gilbert but not home based? Yes No If yes, you must obtain a [Certificate of Occupancy](#) prior to starting business in Gilbert and complete the following information:

Owned or Leased* Total Sq Ft _____ Lease Exp _____ # of F/T Employees _____ # of P/T Employees _____

Contractors _____ # of shifts per day _____ # of operating days per week _____ Gross Annual Payroll _____

Business Sector (Please circle one) Advanced Manufacturing - Aeronautics & Defense – Agriculture - Building & Construction – Communication – Consumer Goods & Services – Convention/Tourism – Energy & Utilities – Finance – Forestry – Government – Healthcare – Industrial – Insurance – Minerals – Pharmaceuticals – Producer – Real Estate – Retail Related – Technology/Information - Telecommunications – Transportation

4. *If leasing, please provide Landlord Information:

Name _____ Phone _____

Address _____

5. TRANSIENT MERCHANTS

LICENSE FEE \$200/YR OR \$15/EVENT

Please list goods to be sold or collected: _____

Event Name (if applicable): _____

If a vehicle is to be used: Make _____ Model _____ License Plate _____

Transient Merchants, include with this application:

- a. *Copy of your driver's license*
- b. *Copy of vehicle liability insurance: bodily injury, \$100K per person, bodily injury, \$300K per accident; property damage, \$25K per accident*
- c. *Letter of property owner's permission*
- d. *If selling food: copy of County Permit*
- e. *Have you used any other names in the last 5 years than you listed under "applicant"? If so, list here:*

- f. *Have you been convicted of any felony, misdemeanor or violated any ordinance? Yes No*
If yes, list the nature of the offense & punishment:

6. PAWNBROKER, JUNK/SECONDHAND DEALER

Secondhand dealers: indicate here if dealing in precious items: Yes No

Precious items include gold, silver, platinum or jewelry containing gold, silver, platinum, stones, gems or pearls.

LICENSE FEE: PAWNBROKER \$200/YR & \$5,000 REPORTING FEE/YR

JUNK/SECONDHAND DEALER - \$200/YR

A \$500 REPORTING FEE/YR APPLIES TO JUNK/SECONDHAND DEALER'S SELLING PRECIOUS ITEMS.

7. ADULT BUSINESS, ESCORT, MASSAGE THERAPY ESTABLISHMENT

PLEASE ALSO SUBMIT WITH THIS APPLICATION THE FOLLOWING FOR APPLICANT, OPERATORS AND/OR EMPLOYEES:

- a. *Names you have used in the last 5 years other than what is listed under "applicant".*

- b. *Copy of driver's license*
- c. *Copy of a government photo ID*
- d. *Two portrait photos taken within the last 6 months*
- e. *Copy of AZ massage license for all therapists*
- f. *Two copies of the floor plan for the establishment*

(Attach additional pages if necessary)

LICENSE FEE: ADULT, ESCORT AND MASSAGE THERAPY ESTABLISHMENT - \$200/YR

8. Temporary Banners and Permanent Signs require a permit

[Apply for a Burglar Alarm Permit](#)

LICENSING FEES PAYABLE BY CASH OR CHECK ONLY

9. THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Printed Name _____

Business License Compliance Package

Business License: Certificate of Occupancy Permit Application

(Local, Gilbert AZ)

Issuing Authority Information

Contact Information

If you have questions regarding this application please contact the issuing authority using the information provided below.

Gilbert Community Development Department

90 E. Civic Center Dr

Gilbert, AZ 85296

Phone 1: (480)503-6700

Phone 2: (480)503-6010

Fax: (480)497-4923

Website:

<http://www.ci.gilbert.az.us/eservices/business/default.cfm>

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Gilbert Community Development Department

90 E. Civic Center Dr.

Gilbert, AZ 85296

Fee Information

This application requires you to pay a fee to the licensing authority. The fee should be submitted with the application. The fee varies and is based on the following:

- Type of Application

Payment

If paying by check, make check payable to: City of Gilbert

Additional Documents

the following documents have also been included to assist you with this application:

- Fee Schedule

This document is available online by clicking [here](#).

Additional Helpful Information

General Notes

Information pertaining to filing this form

- The following must be submitted along with the application: (Floor Plans)
- Please see form for complete submission information.

Brought to You By:



www.CTAdvantage.com



Certificate of Occupancy Permit Application

**Development Services
Department**
90 E. Civic Center Dr.
Gilbert, AZ 85296
(480) 503-6700-Phone
(480) 497-4923-Fax
www.gilbertaz.gov

A Community of Excellence

Permit Number: **BLD-**_____

Do not complete this application if any interior/exterior construction work is being done or has been done, such as: adding/removing/modifying walls, making additions and/or renovations to the electrical, plumbing, or mechanical systems, etc. A [Tenant Improvement Application](#) is required for this type of work. [Permanent and temporary signage](#) (banners) require a separate permit.

This Application will be processed in one of two ways:

- **Reviewed while you wait** – This is strictly for an office environment, such as: insurance, real estate or attorney offices. The application will be reviewed by counter staff. A permit will be issued upon approval. Permit cost is \$110.
- **Reviewed within two (2) working days** – This application will be reviewed by Building, Fire and Planning/Zoning. A permit will be issued upon approval. Permit cost is \$250.

CAUTION: A PERMIT IS NOT A CERTIFICATE OF OCCUPANCY

You are responsible for scheduling required inspections. Contact phone number will be supplied to you at time of permit issuance. Upon inspection approval, a Certificate of Occupancy will be generated for mailing or pickup.

Business Name _____

Business Address _____ Suite No. _____

Owner _____
Name Address

Type of Business _____

Plaza/Business Park Name _____

Is the electrical power on or has it been on in your space? Circle – Yes or No

This information is needed to determine which inspections are required and the order in which they need to occur.

Contact Person _____
Name Phone Number

In addition to this application, complete and submit a [Business License Application](#) and provide the following:

- A Floor plan – (may be hand drawn) that identifies all room/area uses including: office space, storage areas, rest rooms, work areas, shelving areas/layouts and exits. Also identify the types of businesses adjacent to your suite on your floor plan to determine any separation requirements needed.
- You will be notified during the review process if a [Gilbert Fire Prevention Business Operation and Storage Disclosure Form](#) is required.

PAYMENT IS BY CASH OR CHECK ONLY AT TIME OF PERMIT ISSUANCE

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND ACKNOWLEDGE THAT THIS INFORMATION IS A TRUE REPRESENTATION OF MY PROPOSED BUSINESS USE/OCCUPANCY.

Print name Signature of owner/authorized agent/tenant Date

FOR OFFICE USE ONLY:

Type of Construction: _____ Occupancy Group _____ Occupant Load: _____ Sq. Ft. _____

Fire Sprinklers: Yes ___ No ___ Necessary Inspections: Building ___ Fire ___ Backflow ___ Occupancy Use: _____

Business License Compliance Package

Need Help?

If you have questions regarding a specific license or permit application, please contact the licensing authority using the contact information provided on the application coversheet preceding the specific application.

Have questions about the content of this package? Please contact us using the contact information provided below. Please note: questions that are of a nature that require additional research not covered in this report will be subject to additional charges.

Customer Service Representative:

Dave Singer

Email: singerd@businesslicenses.com

Tel: (845) 369-8799 x107

Feedback

Thank you for using CT for your license and permit needs. Your feedback is important to us and will help us improve the services we provide. We welcome your comments and suggestions via email.

Email: CLS-CT_BusinessLicenses@wolterskluwer.com

Legal Disclaimer:

CT is an incorporation service company, designed to allow you to form your own business and undertake related steps. CT is not a law or accounting firm and does not provide legal or financial advice. If legal or financial advice or other assistance is required, you should seek the services of an attorney or accountant.

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