



# City of Williams

## Annual Business License APPLICATION

FOR OFFICE USE ONLY
License # _____
Fee Paid ___ / ___ / _____
Received by _____

This application must be filed and a license obtained before you can lawfully engage in business in Williams, Arizona. A license is necessary for each business location. Application fee is non-refundable and License issued is non-transferable. All businesses in the City must comply with all ordinances/regulations and requirements affecting public peace, health and safety. A new license is also required if ownership changes. **A late fee of \$20.00 is due with the license renewal fee if it is paid after January 31<sup>st</sup> of each year.**

Application Fee \$25.00 Application Date \_\_\_ / \_\_\_ / \_\_\_

Business Name \_\_\_\_\_ Business Phone ( \_\_\_ ) \_\_\_ - \_\_\_  
*(Individual, company or "d.b.a.")*

Business Location \_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Federal Tax ID or Social Security number \_\_\_\_\_ Contractors License number \_\_\_\_\_

**\*Arizona Privilege Tax License Number**  
PLEASE INCLUDE A COPY OF YOUR CURRENT "TPT" / "TPT" APPLICATION, ALONG WITH THIS FORM  
*\*All businesses required to collect Transaction Privilege Tax Must Have Arizona Transaction Privilege Tax Number*

**Reason for Application:**  
New Business ( ) Renewal ( ) Location Change ( )  
Name Change ( ) New Owner of Existing Business ( )

Date Business Started in Williams \_\_\_ / \_\_\_ / \_\_\_\_\_

**Business Classification:** *(Check box(es) that apply)*  
Retail Trade ( ) Hotel/Lodging ( ) Bar ( ) Restaurant ( )  
Liquor ( ) Rentals/Residential ( ) Rentals/commercial ( )  
Construction ( ) Manufacturing ( ) Print/Publishing ( )  
Advertising ( ) Transportation ( ) Mining ( )  
Leases & Rentals of Tangible Personal Property/Equipment ( )  
Amusements ( ) Service ( ) Utilities/Communications ( )  
Other ( ) \_\_\_\_\_

Name of Activity, Service, or Product Sold *(be specific)* \_\_\_\_\_

Type of Ownership: ( ) Individual ( ) Partnership ( ) Corporation  
( ) Other \_\_\_\_\_

**OWNER/OFFICER/PARTNER INFORMATION:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Accounting Record Location \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Do you own your business premises? Yes ( ) No ( ) If no, please complete the following:

Landlord Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

*I certify that the statements made in this application are true and complete to the best of my knowledge. Incomplete applications may not be processed.*

\_\_\_\_\_  
Signature of Owner, Partnership or Corporate Officer

Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Print Name of Owner, Partner or Corporate Officer

CITY OF WILLIAMS  
113 S. 1<sup>st</sup> Street  
Williams, AZ 86046-2549  
(928) 635-4451  
Fax (928) 635-4495

*Please allow the City of Williams 10 working days for processing.*