



# OCCUPATIONAL LICENSE APPLICATION

|     |                |             |          |
|-----|----------------|-------------|----------|
| FEE | Date App Rec'd | Date Proc'd | Initials |
|-----|----------------|-------------|----------|

City of Tucson\*\*City Hall\*\*255 W. Alameda\*\*P.O. Box 27210\*\*Tucson, AZ 85726\*\* (520) 791-4566

|       |                |        |                     |
|-------|----------------|--------|---------------------|
| LIC # | Classification | SIC(s) | For Office Use Only |
|-------|----------------|--------|---------------------|

**SECTION I. BUSINESS INFORMATION** Please complete all sections below. [Print] Cancel Date/Initials

|  |   |   |  |                   |                                |
|--|---|---|--|-------------------|--------------------------------|
| <input type="checkbox"/> New Business                              | Date Business Started in Tucson           | Former Owner (if applicable)                        | Previous City License#                 |                   |                                |
| <input type="checkbox"/> New Owner of Existing Business            |   |   |  |                   |                                |
| Check any that apply:  | <input type="checkbox"/> Name Change Only | <input type="checkbox"/> Corporate Name Change Only | Current City License # (if applicable) | Date of Change    | Effective Date of Cancellation |
| Business Name, "Company or DBA", If Individual (First name first). |   |   |  | Last Audit Period |                                |
| Street #   | Direction                                 | Street Name   | Type                                   | Suite/Apt #       | Assoc BP                       |
| City   | State                                     | ZIP Code + 4  | (Area Code) Business Telephone #       |                   | Comm. Lease                    |
| Fax #  | E-Mail Address (If Available)             |   | State License #                        | Federal ID #      | Old Lic #                      |

**SECTION II. MAILING ADDRESS AND PHONE NUMBER**

|   |           |              |                         |             |             |
|---|-----------|--------------|-------------------------|-------------|-------------|
| Enter Name if Different from Section I (above) or Enter 'In-Care-Of' Name |           |              |                         |             | Other Occ's |
| Street #  | Direction | Street Name  | Type                    | Suite/Apt # | QTR Paid    |
| City  | State     | ZIP Code + 4 | (Area Code) Telephone # |             | Geo Code    |

**SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION**

|            |                                     |                              |  |                                      |   |                                      |                        |
|------------|-------------------------------------|------------------------------|--|--------------------------------------|---|--------------------------------------|------------------------|
| Ownership: | <input type="checkbox"/> Individual | <input type="checkbox"/> LLC | <input type="checkbox"/> Corp. - State Inc.# _____ | <input type="checkbox"/> Partnership | <input type="checkbox"/> Ltd. Partnership | <input type="checkbox"/> Other _____ | **ZONING**<br>Approved |
|------------|-------------------------------------|------------------------------|--|--------------------------------------|---|--------------------------------------|------------------------|

\*Provision of your Social Security Number on this form is voluntary. It is the policy of the City of Tucson Finance Department/Revenue Division to request this information for tax collection purposes. If provided, your Social Security Number will not be released to unauthorized persons.

|  |              |       |              |                         |          |
|--|--------------|-------|--------------|-------------------------|----------|
| Owners, Partners, LLC Members, or Officers<br><br>(For Additional Names, Please Attach List) | Name         |       | Title        | Driver's License #      | Denied   |
|  | Home Address |       |              | *Social Security #      |          |
|  | City         | State | ZIP Code + 4 | (Area Code) Telephone # | Comments |
|  | Name         |       | Title        | Driver's License #      |          |
|  | Home Address |       |              | *Social Security #      |          |
|  | City         | State | ZIP Code + 4 | (Area Code) Telephone # |          |
| Corporation Name if different from DBA   | Name         |       |              |                         |          |
| Location where business records are kept, if different from business location                | Address      |       |              | (Area Code) Telephone # |          |
|  | City         | State | ZIP Code + 4 |                         |          |

**SECTION IV. BUSINESS TYPE**

|                             |                 |
|-----------------------------|-----------------|
| Describe Nature of Business | # of Employees? |
|-----------------------------|-----------------|

**SECTION V. BUSINESS PREMISES STATUS**

|   |   |   |  |  |
|---|---|---|--|--|
| Is this your residence?   | <input type="checkbox"/> No <input type="checkbox"/> Yes          | If no, do you own your business location? | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| If you do not own your business location, complete Landlord/Property Manager information below. |   |   |  |  |
| Landlord/Property Manager Name  | Address   | City                                      | State  | Zip Code + 4   |
| (Area Code) Telephone #   | Do you rent a portion of the business premises to another entity? |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the City of Tucson. Incomplete forms may not be processed.

|               |              |          |      |
|---------------|--------------|----------|------|
| Print Name(s) | Signature(s) | Title(s) | Date |
| Print Name(s) | Signature(s) | Title(s) | Date |

IF YOU PURCHASE A BUSINESS, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

# INSTRUCTIONS FOR COMPLETING OCCUPATIONAL LICENSE APPLICATION

Please complete all sections starting with Section I.

## Section I: Business Information

### Check Boxes

Put a check in any of the boxes in the first 2 lines that apply to your business. Each block in the next 2 lines is self-explanatory and requires a check in the appropriate box or information.

### Business Name

The business name should be the DBA (Doing Business As) or if you are not using a business name, the name of the owner.

### Business Location Address

The address listed is your business location address. Include suite, unit, or apartment numbers. P.O. Box numbers are not accepted for business location.

### Business Telephone

The telephone number listed here should correspond to the business location.

### Fax Number

Provide the fax number for the person who should receive inquiries concerning this application.

### E-mail Address

Provide the E-mail address for the person who should receive inquiries concerning this application.

### State Tax License #

List your Arizona State privilege tax number if you are required to have one.

### Federal ID #

Corporations or businesses with employees should provide their Federal Tax Identification Number. Individual owners or partnerships without employees should use their social security numbers(s).

## Section II: Mailing Address And Telephone Number

### Name

List business legal entity name if different from Section I, or "In-Care-Of" name or information. Property managers or independent tax preparers who will be receiving returns should list their name here.

### Mailing Address

Provide the mailing address. Note: business license and tax billings will be sent to this address. Please include suite, unit, or apartment numbers.

### Telephone Number

Provide the telephone number that corresponds to the mailing location.

## Section III. Business Ownership And Record Location

### Ownership

Please indicate the type of ownership. If you mark "other" please describe. All corporations must provide: State in which incorporated, State Incorporation #, officers' names and addresses (at least 2) and statutory agent information. A Limited Liability Corporation (LLC) must have at least 1 member. General partnerships must provide the name of the general partner(s).

### Owners/Partners/LLC Members Or Officers

List complete owner/officer/partner information as requested. Include names and titles. P.O. Box numbers are not acceptable for home addresses.

### Corporation Name If Different From DBA

The corporation name, if applicable.

### Location Where Business Records Are Kept

Complete this section if business records are not kept at the location listed in Section I.

## Section IV: Business Type

### Describe Nature Of Business

Provide a detailed description of business activity.

### Number of Employees

Provide the total number of employees at your Tucson location.

## Section V: Business Premises Status

### Ownership Of Business Location

If your business location is a residence, check "Yes", and complete the enclosed Home Occupational Form. If you answer "no", please indicate whether or not you own your business location. If you do not own your business location, please provide the name of the legal owner or property manager along with their mailing address and phone number.

### Tax Rates

License taxes are based on number of employees and are due quarterly. See schedule below: \*\*

| Number of Employees | Quarterly Tax | Number of Employees | Quarterly Tax |
|---------------------|---------------|---------------------|---------------|
| 0 to 10             | \$ 24.00      | 36 to 100           | \$ 123.00     |
| 11 to 35            | \$ 48.00      | Over 100            | \$ 186.00     |

\*\* This is not applicable for Vending Machine Distributors, Vending Machine Tags, Retail Tobacco Sales, Escorts, Adult Entertainment, and Dance Hall Licenses.

All applications MUST be signed by either the Sole Owner, All Partners, One Corporate Officer, Trustee, or General Partner.