



TOWN OF EAGAR, ARIZONA
BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____
DBA: _____ Business Type: _____
LOCATION: _____
Physical Address City State Zip Code

TELEPHONE 1: _____ TELEPHONE 2: _____
FAX: _____ E-MAIL: _____

MAILING ADDRESS (if different from above): _____
Address or P.O. Box City State Zip Code

SALES TAX ID: _____ DRIVERS LICENSE NO: _____
ORIGINATION DATE: _____ DL EXPIRATION DATE: _____ STATE _____
FEDERAL ID: _____ STATE ID: _____

INSURANCE: _____
Name _____
Address _____

PRIMARY OWNERS NAME: _____
ADDRESS: _____
Physical Address Mailing Address
TELEPHONE 1: _____ TELEPHONE 2: _____
FAX: _____ E-MAIL: _____

SECONDARY OWNERS NAME: _____
ADDRESS: _____
Physical Address Mailing Address
TELEPHONE 1: _____ TELEPHONE 2: _____
FAX: _____ E-MAIL: _____

MANAGERS NAME: _____
ADDRESS: _____
Physical Address Mailing Address
TELEPHONE 1: _____ TELEPHONE 2: _____
FAX: _____ E-MAIL: _____

OWNERS SIGNATURE _____ MANAGERS SIGNATURE _____

FOR OFFICE USE ONLY	
APPROVAL:	
P & Z: _____	DATE: _____
FIRE CHIEF: _____	DATE: _____
POLICE CHIEF: _____	DATE: _____
LICENSE:	FEE \$10.00 BIENNIAL
LICENSE # _____	<u>\$5.00 RENEWAL FEE</u> DATE PAID: _____
DATE ISSUED: _____	DATE EXPIRED: _____