



TOWN OF THATCHER BUSINESS LICENSE APPLICATION

Please Legibly Print

BUSINESS INFORMATION

Owner Name _____ Phone _____
Owner's Home Address _____ City _____ State _____ Zip _____
Firm or Business Name _____ Phone _____
Business Address _____ City _____ State _____ Zip _____
Business Mailing Address _____ City _____ State _____ Zip _____
Business Email Address _____ Business Origination Date _____

TYPE OF BUSINESS

☐ Professional ☐ Wholesale ☐ Restaurant ☐ Manufacturer ☐ Contractor ☐ Retailer ☐ Service ☐ Other

Brief description of business activity _____

Manager Name _____ Manager Phone Number _____

LICENSE & TAX NUMBERS

STATE OF AZ TAX ID NUMBER (TPT#) _____ (If Applicable)
FEDERAL TAX ID NUMBER _____ (If Applicable or Owner's Social Security #)
CONTRACTOR'S LICENSE NUMBER _____ (If Applicable)

OWNERSHIP

Type of Ownership ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC
Do you own the property on which the business will be conducted? ☐ YES ☐ NO

SECURITY

Do you have an alarm system? ☐ YES ☐ NO
If yes please list alarm company name and phone number _____
Does your business have video surveillance? ☐ YES ☐ NO

EMERGENCY CONTACT PERSON

Name _____ Phone _____
Address _____ City _____ State _____ Zip _____

I hereby certify that the statements herein are true and complete and that this business is in compliance with any and all regulations of the described business.

SIGNATURE OF OWNER OR APPLICANT

DATE

The yearly fee of \$40.00 (accepted forms of payment: cash, checks, card, or money orders) will be accepted once the application is approved. Once issued, the license is good from the date of purchase until the end of the year. Mail completed form and payment to: Town of Thatcher, PO Box 670, Thatcher, AZ 85552. Or email to: eturley@thatcher.az.gov

ZONING OFFICE USE ONLY

Reviewed For Zoning Compliance By _____ Date _____
Approved ☐ Yes ☐ No If "NO" reason for disapproval _____

CLERK'S OFFICE USE ONLY

License Number _____ Paid _____ Receipt Number _____
Clerk's Office Staff _____ Date _____