

TOWN OF MAMMOTH  
125 NORTH CLARK ST  
P.O. BOX 130  
MAMMOTH, AZ 85618

## BUSINESS LICENSE APPLICATION

TELEPHONE: (520) 487-2331

FAX: (520) 487-2152

### BUSINESS INFORMATION:

NAME: \_\_\_\_\_ PHONE: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

LOCATION: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

OWNER'S INFORMATION: OWNER'S NAME: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ SOCIAL SECURITY#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### STREET ADDRESS

STREET \_\_\_\_\_ MAILING \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

TYPE OF OWNERSHIP: \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION

NATURE OF BUSINESS: \_\_\_\_\_ MANUFACTURING \_\_\_\_\_ WHOLESALE \_\_\_\_\_ SERVICE  
\_\_\_\_\_ RETAIL \_\_\_\_\_ CORPORATION \_\_\_\_\_ OTHER, PLEASE SPECIFY: \_\_\_\_\_

GIVE A BRIEF DESCRIPTION OF BUSINESS: \_\_\_\_\_

AZ SALES TAX# \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ RESIDENTIAL

DO YOU OWE THE TOWN ANY PAYMENTS FOR ANY REASON: \_\_\_ YES \_\_\_ NO  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

I UNDERSTAND THAT THE ISSUANCE OF A BUSINESS LICENSE BY TOWN OF MAMMOTH DOES NOT NECESSARILY MEAN THAT MY BUSINESS HAS COMPLIED WITH COUNTY, STATE, AND FEDERAL REQUIREMENTS WHICH MAY APPLY TO MY BUSINESS.

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY FALSIFICATION HEREOF SHALL BE CAUSE FOR DENIAL OR REVOCATION OF THIS LICENSE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE