



BUSINESS LICENSE APPLICATION

The signed applicant hereby makes application for City of Safford license to do business within the City of Safford, Graham County, Arizona pursuant to A.R.S. 9-240 (B) (18 & 19) and Chapter 5.04 of the City of Safford Municipal Code.

**Please legibly print or type form and submit with payment to the address noted on the back of this form.
Incomplete applications will not be accepted.**

BUSINESS INFORMATION:

Owner Name: _____ Home Phone: _____
Owner's Home Address: _____ City: _____ State: ____ Zip: _____
Firm or Business Name: _____ Business Phone: _____
Business Address: _____ City: _____ State: ____ Zip: _____
Business Mailing Address: _____ City: _____ State: ____ Zip: _____
Email address: _____

TYPE OF BUSINESS:

Professional Wholesale Restaurant Manufacturer Contractor Retailer Service Other
Brief description of business activity: _____ (30 character limit)

LICENSE & TAX NUMBERS:

Contractor's License Number: _____ (If applicable)
State of Arizona Tax ID Number (TPT#): _____ (If applicable)
Federal Tax ID Number: _____ (Federal EIN Number if applicable *or* owner's social security number)

MISCELLANEOUS:

Are you engaged in more than one business at this location? Yes No
Do you have additional branches or offices for this business at other locations within Safford? Yes No

OWNERSHIP:

Type of Ownership: Individual Partnership Corporation LLC
Do you own the property on which the business will be conducted? Yes No

EMERGENCY CONTACT PERSONS:

Name: _____ Address: _____ City: _____ State: ____ Zip: _____ Phone: _____
Name: _____ Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

 X _____
Signature of Owner or Applicant Date

Make Check or Money Order Payable to City of Safford

**Mail completed form and payment to City of Safford, Attn: Business Licensing, P.O. Box 272, Safford, AZ 85548
Questions regarding this form? Contact the Business Licensing Office at 928-432-4005**

Zoning Office Use Only:

Reviewed for zoning compliance by: _____ Approved: Yes No Date: _____
If "No," reason for disapproval: _____

Clerk's Office Use Only:

Receipt Number: _____ Amount Paid: _____
License Number: _____ ca ck cc Clerk's Office Staff Date

CHECKLIST FOR OBTAINING YOUR CITY OF SAFFORD BUSINESS LICENSE

- **TAX ID NUMBER** - Obtain your Transaction Privilege Tax Number (TPT#) through the State of Arizona. This number is required if your business is selling products or offering taxable services. A separate TPT# is issued for each business owned and operated. Contact the Arizona Department of Revenue to see if your business is in compliance. Apply at www.aztaxes.gov; by calling (602) 542-4576 or 1-800-634-6494; or by emailing uit.status@mail.de.state.az.us.
- **SUBMIT BUSINESS LICENSE APPLICATION** - Completely fill out the business license application form and submit to the City of Safford City Clerk's office by mail or in person, along with a check in the appropriate amount listed below.

<i>Physical Address:</i> City of Safford City Hall 717 W Main Street Safford, Arizona 85546	<i>Mailing Address:</i> City of Safford Attn: Business Licensing P.O. Box 272 Safford, Arizona 85548
--	--
- **FEE** - Fifty Dollars (\$50.00)
- **UTILITIES** - Utilities may be turned on once the completed application is received. The Clerk's Office will notify the City of Safford Utilities Department once the completed application has been received.
- **PLANNING & ZONING APPROVAL** - Business location will be reviewed for zoning compliance by a city official and approved or denied on the application.
- **OCCUPANCY AND PERMITS** - A Certificate of Occupancy and/or Building Permit (for new construction/remodeling) will need to be obtained from the City of Safford Planning & Community Development Department located at 808 S 8th Avenue, Safford Arizona 85546. Please contact this department regarding possible fees in person or by phone at (928) 432-4140.
- **LICENSE ISSUED** - Once all approval and compliance checks have been made by city officials, a license will be mailed to the business at the address noted on the form. Applicant may request to pick up the license once approved.

FOR YOUR REFERENCE

- It is the responsibility of the business owner to notify the Clerk's Office regarding any change of business information found on the application form. Please report any changes or closure of your business to the information below.
- For building or sign permits, please contact the Planning & Zoning Department at 928-432-4140.
- For utility connection or utility billing questions, please contact Citizen Services at 928-432-4060.
- For a complete copy of the City of Safford Code pertaining to Business Licensing, visit our website, or contact the Clerk's office at the information below.
- Renewal Notices will be sent to the mailing address provided. Please notify the Clerk's Office if your mailing address has changed to help avoid any late penalties during renewal time.

City of Safford Clerk's Office
Physical Address: 717 W Main Street
Mailing Address: PO Box 272
Safford, Arizona 85548
Direct Phone: 928-432-4005
Direct Fax: 928-348-3111
Email: twebster@saffordaz.gov
Website: www.cityofsafford.az.us