



Occupational Business License Application Information

GENERAL APPLICATION INFORMATION

Reference Documents

- Arizona Revised Statutes, Title 9, Cities and Towns, Chapter 7, Article 4
- City of Flagstaff City Code, Title 3 - Business Regulations

Important Facts

- The application review process will be suspended due to incomplete applications.
- Any documents in this packet may be found on the City website at www.flagstaff.az.gov
- Applicants may receive a clarification from the City of Flagstaff of any interpretation or application of a statute, ordinance, code, or authorized substantive policy statement affecting the procurement of a license by providing the municipality a written request.

City of Flagstaff Contact

- For questions on this application, please contact:

Sue Miller Administrative Specialist

Email: smiller@flagstaffaz.gov

Phone: 928-213-2250

Application Requirements/Checklist

****All of the following documents are required****

**** All information must be completed before any review will take place****

- \$20 Occupational Business License Fee paid to City of Flagstaff. (Non-refundable)
- Occupational Business License Application
- Licensing Eligibility Form
- Home Occupation Permit (If Applicable)

Review Timeframes

Administrative Review- 15 Business Days

Substantive Review- 20 Business Days

Total review: 35 Business Days

****Please Note: Timeframes may be less if all information is provided in a timely manner****



Occupational Business License Application Information

APPLICATION REVIEW INFORMATION

PHASE 1- ADMINISTRATIVE REVIEW

Timeframe: 15 Business Days

Notification of incomplete application information will suspend the overall review timeframe.

1. City of Flagstaff (Initial Review)
 - a. A complete application will proceed to Phase 3-Substantive Review.
 - b. An incomplete application will be sent a comprehensive written notice of all incomplete application items.
2. Applicant (Follow-up)- 20 business days
 - a. If no information is returned to the City within 20 business days, the City will consider the application withdrawn and all fees will be forfeited.
 - b. If information is returned within 20 business days, the City will continue the review of the application.
3. The review and notification process will continue for two reviews. After the second request for more information, the City of Flagstaff will not send a third request and the application will be withdrawn and all fees forfeited.

PHASE 2- SUBSTANTIVE REVIEW

Timeframe: 20 Business Days

Notification of incomplete application information will suspend the overall review timeframe.

1. Substantive Review- City of Flagstaff (Initial Review)- 20 Business Days from the date of the completed application as noted in Phase 1- Administrative Review.
 - a. If no other information is required, the City will issue the license within 20 business days.
 - b. If more information is required, a comprehensive written notice of all items that require further explanation will be sent. Upon mailing of the notice, the review timeline will be suspended until all requested information is provided.
2. Applicant (Follow-up)- 20 business days
 - a. If no information is returned to the City within 20 business days, the City will consider the application withdrawn and all fees forfeited.
 - b. If information is returned within 20 business days, the City will continue the review of the application.
 - c. If no information or incomplete information is returned to the City within 20 business days, the City will deny the application and all fees will be forfeited.

PHASE 3- LICENSE ISSUANCE OR DENIAL

1. If all requirements are met, the license will be issued and mailed.
2. If all requirements are not met, a license denial letter will be mailed to the applicant with detailed information of the appeals process and contact person(s).

APPLICATION FOR CITY OF FLAGSTAFF BUSINESS LICENSE

Please Complete Application and Mail or Deliver with Payment to:

City of Flagstaff Business License Office

**211 W. Aspen Ave.
FLAGSTAFF, AZ 86001**

**Phone #: (928) 213-2250
Email: smiller@flagstaffaz.gov**

PLEASE PRINT INFORMATION LEGIBLY AND COMPLETE ALL SECTIONS. PLEASE KEEP A COPY FOR YOUR RECORDS. Your license may require you to submit proof of eligibility form with your payment. Application for a business license shall be accompanied by the non-refundable business license fee. Separate licenses shall be obtained for each separate location of a business. A business license shall be obtained for every business covered in Flagstaff City Code Chapter 3-01.

Start Date within the Flagstaff city limits: _____ (Required)		Eligibility Form Required <input type="checkbox"/>	
Name Change <input type="checkbox"/>	Mailing OR Physical Address <input type="checkbox"/>	New Business <input type="checkbox"/>	Multiple Locations <input type="checkbox"/>
		Temporary Use Permit Required <input type="checkbox"/>	Home Occupation <input type="checkbox"/>

Business License Fee: \$20.00 or per Chapter 3-10 User Fees schedule *Make Checks Payable to: City of Flagstaff*

Have you applied for your Transaction Privilege Tax License? Yes No If yes, no further action required, at this time

To obtain a State of Arizona TPT License number, if needed, go to: www.aztaxes.gov to register and apply for your license. If you already have a State of Arizona TPT License number, please add a line for FLAGSTAFF (FS) to your State of Arizona tax return.

Section 1. Business Information

Business Name (Legal Name)		Doing Business as Name (DBA Name) if different from legal name	
Physical Address of Business			
City		State	Zip
Business Phone		Cell Phone	
E-mail Address	Federal ID #	State of AZ TPT # (Optional)	AZ ROC (Contractors) License #

Have you been convicted of petty offense within the past five (5) years? Yes No
If yes, describe the nature of the offense(s):

If Incorporated, State of Incorporation or where formed: _____ Any and all tradenames: _____

Section 2. Mailing Address

If Different from Section 1 (above) enter Business Name, Owner Name or Care-of Name

Mailing Address

City	State	Zip
------	-------	-----

Section 3. Business Ownership & Records Location

Ownership Type: Sole Proprietor LLC Partnership Corporation - State if Inc. _____ Other _____

Owners, Partners, Officers, Individuals, or LLC Members For any additional names, please attach a list	Name & Title	Cell Phone#
	Home Address	Phone #
	City, State, Zip	E-mail
	Name & Title	Cell Phone#
	Home Address	Phone #
	City, State, Zip	E-mail
Corporate or LLC Statutory Agent	Name	Phone #

Section 4. Temporary Business License & Transient Merchants

If you are applying for a Business License with five (5) or fewer Temporary locations or are considered a Transient Merchant, you must list the locations below:

Address of Location #1

Address of Location #2

Address of Location #3

Address of Location #4

Address of Location #5

Transient locations, if more than 5, use additional sheets of paper.

Section 5. Transient Merchants

For transient merchants, attach list of name(s) and a valid telephone number(s) for workforce and attach photo identification card of business license holder. (Required)

Do you intend to use any signs advertising goods or services for sale? Yes No

Any signs must comply with City sign code requirements; see City Code Chapter 10-50, Division 10-50.100 (Sign Standards).

Section 6. Business Type and Premises Status

Professional Service (Type) _____ Other: _____ Number of Employees: ____

Describe the Nature of the Business, including any goods and services to be sold:

NAICS Code:

Do you own your Business Location?
 Yes No - Please complete:

Landlord Name & Address:

Landlord Phone #

Is this a Home Based Business? Yes (May be subject to Home Inspection) No

If yes was selected above, please review the Home Occupation Permit and Initial Here: _____

All areas of the application and accompanying forms must be completed in full, and the Sworn Statement below must be acknowledged.

By signing below, I am certifying under penalty of perjury that I have provided complete and accurate information on this application and I have not violated and am in compliance with the Flagstaff City Code and/or the Arizona Revised Statutes and I do not owe any delinquent City Transaction Privilege Tax or any other delinquent fees payable to the City pursuant to Flagstaff City Code unless I have entered into a written payment agreement approved by the City relating to payment of any and all outstanding obligations and I am current making any and all payments required under the terms of such an agreement. I understand issuance of a business license does not permit business operations unless business is properly zoned, has obtained proper building permits, occupancy certification and/or is in compliance with all applicable laws/rules. By signing this application, I understand that the completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. I understand the City may need to request additional information from me concerning my application and hereby mutually agree that the City is allowed to submit supplemental requests for additional information if deemed necessary.

Business Owner's Signature: _____ Title: _____

Printed Name: _____ Date: _____

CITY OF FLAGSTAFF, ARIZONA
LICENSE ELIGIBILITY FORM
LAWFUL PRESENCE IN THE UNITED STATES

ARS § 41-1080 requires that any individual wishing to be issued a license must demonstrate through the presentation of one of the following documents demonstrating lawful presence in the United States.

**LAWFUL PRESENCE IN THE UNITED STATES CAN BE DEMONSTRATED BY
PRESENTATION OF ONE (1) OF THE DOCUMENTS LISTED BELOW.**

Please place a check mark next to the applicable document and attach a copy of the document to this eligibility form. (If the document says on its face that it may not be copied or you know for reasons of confidentiality that it cannot be copied, you will need to present the document in person to the City for review and signing of the form.)

- 1. **A valid driver license. If from Arizona, must be issued after 1996**
Print first 4 numbers/letters from license:

--	--	--	--
- 2. **A valid non-operating identification License**
Print first 4 numbers/letters:

--	--	--	--
- 3. **A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States**
Year of birth: _____ Place of birth: _____
- 4. **A United States Certificate of Birth abroad**
Year of birth: _____ Place of birth: _____
- 5. **A United States passport**
Print first 4 numbers/letters from Passport:

--	--	--	--
- 6. **A foreign passport with a United States Visa**
Print first 4 numbers/letters from Passport:

--	--	--	--

Print first 4 numbers/letters from Visa:

--	--	--	--
- 7. **An I-94 form with a photograph**
Print first 4 numbers from I-94:

--	--	--	--
- 8. **A United States Citizenship and Immigration Services Employment Authorization Document (EAD)**
Print first 4 numbers/letters from EAD:

--	--	--	--
- 9. **Refugee travel document**
Date of Issuance: _____ Refugee Country: _____
- 10. **A United States Certificate of Naturalization**
Print first 4 digits of CIS Reg. No.:

--	--	--	--
- 11. **A United States Certificate of Citizenship**
Date of Issuance: _____ Place of Issuance: _____
- 12. **A tribal Certificate of Indian Blood**
Date of Issuance: _____ Name of Tribe: _____
- 13. **A tribal or Bureau of Indian Affairs Affidavit of Birth**
Year of Birth: _____ Place of Birth: _____
- 14. **Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status.**

In accordance with the requirements of State Law, I do swear or affirm under penalty of perjury that I am lawfully present in the United States and that the document I presented to establish this presence is true.

Signature

Business/Company

Print Name

Business Address

Date

City, State, Zip Code