



TOWN OF EAGAR, ARIZONA
22 W. 2ND ST. • PO BOX 1300 • (928)-333-4128

BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____ **DBA:** _____

Location: _____
(Physical Address) (City) (State) (Zip Code)

Mailing Address: _____
(Mailing Address) (City) (State) (Zip Code)

Business Description: _____

Phone #1: _____ **Phone # 2:** _____ **Insurance:** _____

Fax Number: _____ **Business E-mail:** _____

Sales Tax ID: _____ **Federal ID:** _____ **State ID (Social):** _____

Transaction Privilege Tax License Number: _____

PRIMARY OWNER: _____ **Phone #:** _____

Mailing Address: _____
(Mailing Address) (City) (State) (Zip Code)

Driver's License #: _____ **DL Expiration Date:** _____ **DL State:** _____ **DOB:** _____

Owner E-mail: _____

SECONDARY OWNER: _____ **Phone #:** _____

Mailing Address: _____
(Mailing Address) (City) (State) (Zip Code)

Owner E-mail: _____

MANAGER: _____ **Phone #:** _____

Mailing Address: _____
(Mailing Address) (City) (State) (Zip Code)

Owner E-mail: _____

OWNERS SIGNATURE

MANAGERS SIGNATURE

FOR OFFICE USE ONLY

Approval

License

Fees

P & Z: _____ **Date:** _____

License #: _____

Fire Chief: _____ **Date:** _____

Date Issued: _____

\$20.00 Application

Police Chief: _____ **Date:** _____

Date Expires: _____

\$10.00 Annual Renewal

Background Check: _____ **Date:** _____

Date Paid: _____