

TOWN OF EAGAR, ARIZONA  
BUSINESS LICENSE APPLICATION



BUSINESS NAME: \_\_\_\_\_

DBA: \_\_\_\_\_ Business Type: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
Physical Address City State Zip Code

TELEPHONE 1: \_\_\_\_\_ TELEPHONE 2: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_  
Address or P.O. Box  
City State Zip Code

E-MAIL: \_\_\_\_\_

SALES TAX ID: \_\_\_\_\_ FEDERAL ID: \_\_\_\_\_

STATE ID: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

PRIMARY OWNERS NAME: \_\_\_\_\_

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

TELEPHONE : \_\_\_\_\_ DRIVERS LICENSE NO: \_\_\_\_\_

DL EXPIRATION DATE: \_\_\_\_\_ STATE \_\_\_\_\_ DOB \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SECONDARY OWNERS NAME: \_\_\_\_\_

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

TELEPHONE 1: \_\_\_\_\_ TELEPHONE 2: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MANAGERS NAME: \_\_\_\_\_

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

TELEPHONE 1: \_\_\_\_\_ TELEPHONE 2 \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OWNERS SIGNATURE

MANAGERS SIGNATURE

FOR OFFICE USE ONLY	
APPROVAL:	
P & Z: _____	DATE: _____
FIRE CHIEF: _____	DATE: _____
POLICE CHIEF: _____	DATE: _____
LICENSE:	FEE \$20.00 ANNUAL
LICENSE # _____	\$10.00 RENEWAL FEE DATE PAID: _____
DATE ISSUED: _____	DATE EXPIRED: _____