



# City of Williams

## Annual Business License APPLICATION

FOR OFFICE USE ONLY
License # _____
Fee Paid ___ / ___ / _____
Received by _____

This application must be filed and a license obtained before you can lawfully engage in business in Williams, Arizona. A license is necessary for each business location. Application fee is non-refundable and License issued is non-transferable. All businesses in the City must comply with all ordinances/regulations and requirements affecting public peace, health and safety. A new license is also required if ownership changes. **A late fee of \$20.00 is due with the license renewal fee if it is paid after January 31<sup>st</sup> of each year.**

**Application Fee** \$100.00 **Application Date** \_\_\_ / \_\_\_ / \_\_\_

**Business Name** \_\_\_\_\_ **Business Phone** ( \_\_\_ ) \_\_\_ - \_\_\_  
*(Individual, company or "d.b.a.")*

**Business Location** \_\_\_\_\_

**Fax** ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ - \_\_\_\_\_

**Federal Tax ID or Social Security number** \_\_\_\_\_ **Contractors License number** \_\_\_\_\_

**\*Arizona Privilege Tax License Number**  
PLEASE INCLUDE A COPY OF YOUR CURRENT "TPT" / "TPT" APPLICATION, ALONG WITH THIS FORM  
*\*All businesses required to collect Transaction Privilege Tax Must Have Arizona Transaction Privilege Tax Number*

**Reason for Application:**  
 New Business ( )      Renewal ( )      Location Change ( )  
 Name Change ( )      New Owner of Existing Business ( )

**Date Business Started in Williams** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Business Classification:** *(Check box(es) that apply)*  
 Retail Trade ( )    Hotel/Lodging ( )    Bar ( )    Restaurant ( )  
 Liquor ( )    Rentals/Residential ( )    Rentals/commercial ( )  
 Construction ( )    Manufacturing ( )    Print/Publishing ( )  
 Advertising ( )    Transportation ( )    Mining ( )  
 Leases & Rentals of Tangible Personal Property/Equipment ( )  
 Amusements ( )    Service ( )    Utilities/Communications ( )  
 Other ( ) \_\_\_\_\_

**Name of Activity, Service, or Product Sold** *(be specific)* \_\_\_\_\_

**Type of Ownership:** ( ) Individual ( ) Partnership ( ) Corporation  
( ) Other \_\_\_\_\_

**OWNER/OFFICER/PARTNER INFORMATION:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Cell Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Fax ( \_\_\_ ) \_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

Accounting Record Location \_\_\_\_\_

Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Do you own your business premises? Yes ( ) No ( ) If no, please complete the following:

Landlord Name \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

*I certify that the statements made in this application are true and complete to the best of my knowledge. Incomplete applications may not be processed.*

\_\_\_\_\_  
Signature of Owner, Partnership or Corporate Officer

Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Print Name of Owner, Partner or Corporate Officer

CITY OF WILLIAMS  
113 S. 1<sup>st</sup> Street  
Williams, AZ 86046-2549  
(928) 635-4451  
Fax (928) 635-4495

*Please allow the City of Williams 10 working days for processing.*