



# City of Tombstone

## Office of the City Clerk

P.O. Box 339 \*613 E. Allen Street\*  
Tombstone, AZ 85638

Phone (520) 457-2202 e-mail: [cityclerk@cityoftombstone.com](mailto:cityclerk@cityoftombstone.com) Fax (520) 457-3516

### **BUSINESS LICENSE APPLICATION**

**PLEASE CHECK ONE:**

- New Application
- Change of Address
- Change of Ownership
- Information Update
- Peddler's License

#### ➤ BUSINESS INFORMATION

Name of Business:

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Doing Business As (DBA):

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Business Location:

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Is the Business Location in the Historic District:  Yes  
 No

Does your business involve the operation of commercial use of animals and/or animal drawn vehicles on the public streets, property and/or right of way?  Yes  No

Mailing Address:

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City, State, Zip: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Description: \_\_\_\_\_

Projected Date to Begin Business in Tombstone: \_\_\_\_\_

Arizona Sales Tax # (Please provide copy): \_\_\_\_\_

Health Permit ID # (Please provide copy): \_\_\_\_\_

Contractor's License # (Please provide copy): \_\_\_\_\_

Contractor Type: \_\_\_\_\_

If Contractor, is your company bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Bonding Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

➤ **OWNER INFORMATION**

(Please enter names of Owners, Partners, or Corporate Officers below.)

	<b>OWNER 1</b>	<b>OWNER 2</b>	<b>OWNER 3</b>
<b>Name</b>			
<b>Title</b>			
<b>Mailing Address</b>			
<b>City, State, Zip</b>			
<b>Driver's Lic. #</b>			
<b>Date of Birth</b>			

<b>Phone #</b>			
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➤ **MANAGER INFORMATION**

\*Manager's Name 1: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Manager's Name 2: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*Manager's Name 3: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<p><b><i>PLEASE CHECK ONE:</i></b></p> <p>➤ _____ Mail your Business License</p> <p>➤ _____ Pick up License at City Hall</p>
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➤ **NOTARY SIGNATURE**

I swear or affirm that the above statements are true and correct and that the license herein applied for is to cover only the business indicated above and the location above set forth.

Applicant Signature: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



**OFFICIAL USE ONLY**

License Fee: \$ \_\_\_\_\_

Account #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

License #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

City Staff Initials: \_\_\_\_\_

Cash/CK#/MO#: \_\_\_\_\_

Referred to the Historic District? \_\_\_\_\_ Yes \_\_\_\_\_ No

Referred to the Mayor and Council for approval? \_\_\_\_\_ Yes \_\_\_\_\_ No

*City Clerk's Initials for approval to issue license:* \_\_\_\_\_