



A Community of Excellence

# Business License Application

\$35 FOR MOST BUSINESSES

Development Services Department  
90 E. Civic Center Dr.  
Gilbert, AZ 85296  
(480) 503-6700-Phone  
(480) 497-4923-Fax  
[www.gilbertaz.gov](http://www.gilbertaz.gov)

**LIQUOR LICENSE APPLICANTS MUST FIRST APPLY AT THE ARIZONA DEPT OF LIQUOR**

PLEASE USE BLACK INK ONLY

## 1. BUSINESS OWNER/APPLICANT INFORMATION

Business Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
City State Zip

Circle Type of Ownership\*: Public Non-profit Family Private LLC Corp Partnership

*\*Individual, sole proprietorship or husband and wife businesses must complete a **Licensing Eligibility Form**, provide picture ID and submit with this application*

## 2. BUSINESS INFORMATION

Business Trade Name \_\_\_\_\_ AZ Sales Tax # \_\_\_\_\_

Location \_\_\_\_\_ Suite # \_\_\_\_\_  
(where business takes place)

Mailing Address \_\_\_\_\_  
(if different from above)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Website \_\_\_\_\_ Date to begin in Gilbert \_\_\_\_\_

Exact Nature of Business\* \_\_\_\_\_

*\*A Use permit is required for some businesses including: pawn shops, adult businesses, tattoo/piercing studios, non-chartered financial institutions and smoking lounges.*

*All Businesses With A Physical Location In Gilbert Must Submit A Supplemental **Wastewater Questionnaire***

Is your business located in Gilbert and home based?  Yes  No If yes, please also complete a **Home-Based Business Questionnaire** supplement and submit with this application.

**3. Is your business located in Gilbert but not home based?**  Yes  No If yes, you must obtain a [Certificate of Occupancy](#) prior to starting business in Gilbert and complete the following information:

Owned or Leased\* Total Sq Ft \_\_\_\_\_ Lease Exp \_\_\_\_\_ # of F/T Employees \_\_\_\_\_ # of P/T Employees \_\_\_\_\_

Contractors \_\_\_\_\_ # of shifts per day \_\_\_\_\_ # of operating days per week \_\_\_\_\_ Gross Annual Payroll \_\_\_\_\_

**Business Sector (Please circle one)** Advanced Manufacturing - Aeronautics & Defense – Agriculture - Building & Construction – Communication – Consumer Goods & Services – Convention/Tourism – Energy & Utilities – Finance – Forestry – Government – Healthcare – Industrial – Insurance – Minerals – Pharmaceuticals – Producer – Real Estate – Retail Related – Technology/Information - Telecommunications – Transportation

**4. \*If leasing, please provide Landlord Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**5. TRANSIENT MERCHANTS**

LICENSE FEE \$200/YR OR \$15/EVENT

Please list goods to be sold or collected: \_\_\_\_\_

Event Name (if applicable): \_\_\_\_\_

If a vehicle is to be used: Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

*Transient Merchants, include with this application:*

- a. Copy of your driver's license
- b. Copy of vehicle liability insurance: bodily injury, \$100K per person, bodily injury, \$300K per accident; property damage, \$25K per accident
- c. Letter of property owner's permission
- d. If selling food: copy of County Permit
- e. Have you used any other names in the last 5 years than you listed under "applicant"? If so, list here:

\_\_\_\_\_

- f. Have you been convicted of any felony, misdemeanor or violated any ordinance?  Yes  No  
If yes, list the nature of the offense & punishment:

\_\_\_\_\_

\_\_\_\_\_

**6. PAWNBROKER, JUNK/SECONDHAND DEALER**

**Secondhand dealers:** indicate here if dealing in precious items:  Yes  No

*Precious items include gold, silver, platinum or jewelry containing gold, silver, platinum, stones, gems or pearls.*

LICENSE FEE: PAWNBROKER \$200/YR & \$5,000 REPORTING FEE/YR

JUNK/SECONDHAND DEALER - \$200/YR

A \$500 REPORTING FEE/YR APPLIES TO JUNK/SECONDHAND DEALER'S SELLING PRECIOUS ITEMS.

**7. ADULT BUSINESS, ESCORT, MASSAGE THERAPY ESTABLISHMENT**

**PLEASE ALSO SUBMIT WITH THIS APPLICATION THE FOLLOWING FOR APPLICANT, OPERATORS AND/OR EMPLOYEES:**

- a. Names you have used in the last 5 years other than what is listed under "applicant".

\_\_\_\_\_

- b. Copy of driver's license
- c. Copy of a government photo ID
- d. Two portrait photos taken within the last 6 months
- e. Copy of AZ massage license for all therapists
- f. Two copies of the floor plan for the establishment

*(Attach additional pages if necessary)*

LICENSE FEE: ADULT, ESCORT AND MASSAGE THERAPY ESTABLISHMENT - \$200/YR

**8. Temporary Banners and Permanent Signs require a permit**

**[Apply for a Burglar Alarm Permit](#)**

**LICENSING FEES PAYABLE BY CASH OR CHECK ONLY**

**9. THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_