



BUSINESS LICENSE APPLICATION

LIQUOR LICENSE APPLICANTS MUST FIRST APPLY WITH THE ARIZONA DEPARTMENT OF LIQUOR

Temporary Banners, Permanent Signs and Burglar Alarms require a permit. Please see our website for more information.

OWNER INFORMATION – THIS IS THE LEGAL BUSINESS ENTITY (OR INDIVIDUAL OWNER) THAT OWNS THE BUSINESS, I.E. LLC

LEGAL OWNER NAME _____

LEGAL OWNER MAILING ADDRESS:

Circle Type of Ownership

Individual/Sole Proprietor* Corporation LLC Partnership Public Non-Profit Family Owned

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

PRIMARY CONTACT INFORMATION

Primary Contact Name _____

Primary Contact Phone _____

Primary Contact E-mail _____

BUSINESS INFORMATION

Business Name - DBA, Name on Signage, Name known to the Public:

AZ Sales Tax # _____

Federal Tax ID # _____

Date to begin in Gilbert _____

Exact Nature of Business

If leasing commercial space, please provide Landlord Information:

Name _____
Address _____
Phone _____ Lease Expiration Date _____

Please complete the following information:

Total Sq Ft _____ # of F/T Employees _____ # of P/T Employees _____
Gross Annual Payroll \$ _____ # of shifts per day _____ # of operating days per week _____

Business Sector – Please Circle One:

Accommodation and Food Services	Admin & Support & Waste Mgmt. & Remediation Services	
Arts, Entertainment and Recreation	Construction	Crop and Animal Production
Educational Services	Finance and Insurance	Government
Health Care and Social Assistance	Information	Manufacturing
Management of Companies and Enterprises	Real Estate	Retail Trade
Professional, Scientific and Tech Services	Utilities	
Transportation and Warehousing	Other	

TRANSIENT MERCHANTS

LICENSE FEE \$55/YR OR \$15/EVENT

Event Name (if applicable): _____

Event Address (if applicable): _____

Please list goods/service to be sold:

Name of individual who will be selling: _____

If a vehicle is to be used:

Make _____ Model _____ License Plate# _____

Transient Merchants, include with this application:

- Copy of a valid driver's license or other government issued photo ID
- Copy of vehicle liability insurance: bodily injury, \$100K per person, bodily injury, \$300K per accident; property damage, \$25K per accident
- If selling food: copy of County Permit

PAWNBROKER, JUNK/SECONDHAND DEALER

LICENSE FEE \$200/YR

REPORTING FEES may also apply

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.

**ADULT BUSINESS, ESCORT, MASSAGE THERAPY ESTABLISHMENT
LICENSE FEE \$200/YR**

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. Two portrait photos taken within the last 6 months
- d. Copy of AZ massage license for all therapists
- e. Two copies of the floor plan for the establishment

I HEREBY CERTIFY THAT ALL ANSWERS AND INFORMATION ON THIS APPLICATION ARE TRUE AND CORRECT. ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION CONSTITUTES GROUNDS FOR DENIAL OF THIS LICENSE.

Signature _____ Date _____

Printed Name _____

Title _____

The Town wishes to notify all applicants of certain rights the applicant has related to the issuance of a license.

Arizona Revised Statutes, Chapter 7, Article 4

9-834. Prohibited acts by municipalities and employees; enforcement; notice

- A. A municipality shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.
- B. Unless specifically authorized, a municipality shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C. This section does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes.
- D. A municipality shall not request or initiate discussions with a person about waiving that person's rights.
- E. This section may be enforced in a private civil action and relief may be awarded against a municipality. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a municipality for a violation of this section.
- F. A municipal employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the municipality's adopted personnel policy.
- G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

Wastewater Questionnaire

This must be completed for all businesses located within Gilbert.

Describe the activities that take place on the premises:

Does the facility generate any wastewater other than domestic sewage (domestic sewage is wastewater from toilets, sinks, showers, etc.)? Yes No

If yes, please explain:

Is any portion of the wastewater generated at the facility discharged to a septic system? Yes No

Does your facility contain any photographic or x-ray development processes on site? Yes No

Does your facility have a Grease Trap or Grease Interceptor on site? Yes No

Does the facility use or store petroleum oil, non-biodegradable cutting oil, mineral spirits or other products of petroleum or mineral oil on the premises? Yes No

If yes, please list materials, units, quantity and use: (Attach additional sheets if more room is needed)

<i>Material:</i>	<i>Units:</i> <i>(gallons, pounds, etc.)</i>	<i>Quantity:</i> <i>(per day, week, year)</i>	<i>Use</i>
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Does the facility use or store any hazardous materials on the premises? Yes No (e.g. pesticides, organic chemicals, paints, wastes, radioactive substances, solvents, liquid wastes, bases, acids, or any other hazardous materials)

(If yes, please complete list materials, units, quantity and use: (Attach additional sheets if more room is needed)

<i>Material:</i>	<i>Units:</i> <i>(gallons, pounds, etc.)</i>	<i>Quantity:</i> <i>(per day, week, year)</i>	<i>Use</i>
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The information provided above is true and correct to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

Title _____