



\$75.00

# Town of Quartzsite

P.O. Box 2812 - Quartzsite, AZ 85346  
(928) 927-4333

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

## Application for Business License

Business Name: DBA: \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Number) (Street or P.O.)

\_\_\_\_\_  
(Town) (State) (Zip Code)

Business Owners Name: \_\_\_\_\_

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

Owner's Mailing Address: \_\_\_\_\_

Type of Ownership:  Individual  Partnership  Corporation

Please list names and titles of persons connected with Corporation:

\_\_\_\_\_  
(Name) (Address) (Title) (D.O.B.)

\_\_\_\_\_  
(Name) (Address) (Title) (D.O.B.)

Make and Model of Vehicle: \_\_\_\_\_ License Plate # \_\_\_\_\_  
(Required for Mobile Business)

Nature of Business: (Circle Category) Manufacturing / Wholesale / Retail / Contractor / Service

Give brief description of Business: \_\_\_\_\_

Number of Employees to be working: (Including Owner) \_\_\_\_\_

Arizona State Transaction Privilege #: \_\_\_\_\_

Liquor License Series #: \_\_\_\_\_ Health Permit #: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_

Medical Profession - (Dr., Nurses, D.D.S., Etc.) #: \_\_\_\_\_

I hereby certify that the statements made herein have been examined by me and are, to the best of my belief and knowledge, true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_



# TOWN OF QUARTZSITE

465 North Plymouth Avenue • PO Box 2812 • Quartzsite, AZ 85346

Phone (928) 927-4333 • Fax (928) 927-4400

Arizona Relay Service (928)927-3762 (TDD)

We are an equal opportunity employer

www.ci.quartzsite.az.us

## LICENSING ELIGIBILITY REQUIREMENTS (ARS §41-1080)

FULL Name: Last, First, Middle	
Business Address (as shown on license or application)	
City, State, Zip	

On May 1, 2008 Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a "licensing eligibility" section (Arizona Revised Statutes § 41-1080) preventing a state agency from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law.

To become or remain eligible for a license or vendor sales permit, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top). Only provide one of the following forms of identification (mark an "X" next to the one you are submitting):

- 1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- 2. A driver license issued by a state that verifies lawful presence in the United States. (Licenses from NM, UT and WA\* are not acceptable). \*WA, EDL/EID meets federal requirements, and is an approved alternative.
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport.
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

\_\_\_\_\_

FULL SIGNATURE OF LICENSEE

\_\_\_\_\_

DATE



# Arizona Department of Revenue

## Transaction Privilege Tax Application (Short Form)

License Compliance Unit: 1600 W. Monroe, Ste. 620 Phoenix, AZ 85007

**To Register, File and  
Pay online, go to  
[www.aztaxes.gov](http://www.aztaxes.gov)**

The simplified application is used for transient vendors. Each section below must be completed, to receive the License. For licensing questions on transaction privilege or withholding taxes, call (602) 716-6640 or (602) 716-6438. Please return the completed application with appropriate fees to: License Compliance Unit, Arizona Department of Revenue, 1600 W. Monroe, Ste. 620 Phoenix, AZ 85007

**Incomplete applications will not be processed. All required information is designated with asterisk \***

Business Information			
Do you have Arizona employees? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of ownership * (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State and Date of incorporation)	
Legal business name *		Social Security Number or FEIN *	
Business (or DBA) name *		Business Start Date *	
Business phone (Include area code) *	E-mail address	Location and Date of events / swap meets	
Mailing address (street, route, or PO Box) *		City	State Zip Code
Primary Location of Business (Physical address) No license will be issued without this information *		City	State Zip Code
Is your business located on an Indian Reservation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please tell us which one _____			
Description of Business *			

Owners / Partnerships / Corporation Officers Identification					
Social security number *	Name *	Title*	% Owned *	Complete residence address *	Area code & phone number *

Please check the months in which you intend to do business in Arizona

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Taxpayer's Signature \* \_\_\_\_\_ Date \_\_\_\_\_

### License Fees

**Make Checks Payable to the Arizona Department of Revenue**

**Do Not Send Cash**

**City codes for cities where you will be doing business**  
(See reverse side for list of cities for which taxes are collected)

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State fees \$12 X No. Loc.	_____
Total city fees	_____
Total fees due	_____

**Instructions**

This Short Form Application is Intended for Use by Vendors at Transient Selling Events Such as Fairs, Special Events, Shows and Swap Meets

- Do you have employees?** Check yes if you employ individuals in the state of Arizona. If you do not have employees or only have immediate family members who assist you during a special event or at a swap meet, check no.
- Type of ownership** Check as applicable. Corporations and partnerships must provide the federal employer identification number.
- Legal business name or owner name** Enter the individual's and spouse's name if **Individual** was selected for ownership type.  
Enter all partner's names if **Partnership** was selected for ownership type. Additional owners may be listed on a separate sheet and attached.  
Enter the organization name owning or controlling the business if **Corporation** was selected for ownership type.
- Business (or DBA) name** Enter the name of the business/DBA (doing business as) name, if the same as legal business name, enter same. Commonly, the business name is the name by which the public knows your business/company/shop. If you wish correspondence to be sent to a name other than the owner, enter the name of the department or accountancy firm as "In Care Of" to ensure delivery by the postal service.
- Location and Date of event/ swap meet** Enter the address and date of the special event or swap meet. If you do not know the actual address of the event, enter the city/town name in which the event will be held. The location is very important in determining whether an additional city/town license must be obtained for those licensed by the state. Use the City or Town Licensed By The State chart below to determine if you must be licensed through the state for the location in which your event occurs. For cities not listed, please contact the city directly. Also add the city fee amount to the license fee which appears in the lower right corner of the front page.
- Mailing address** Enter mailing address where all correspondence is to be sent. You may elect to use your home address, corporate headquarters, or accounting firm's address.
- Primary location of business** Enter the street address for the primary location of the business. If you conduct most of your business at various special events or swap meets throughout the state, you may wish to enter your resident location. Even if your mailing address is a PO Box, you must provide a physical location. For example if you live in a rural community, your physical location may be the intersection of two roads, interstates, or milepost marker.
- Description of business** Describe the major activity and principal product you manufacture or commodity sold or service performed. Your description of your business is very important because it determines your sales tax rate and provides a basis for state economic forecasting.
- Owners identification** Enter as many as applicable, attach a separate sheet if additional space is needed. The authority for mandatory requirement for social security numbers of owners is provided in ARS § 42-1105.
- Signature** The application must be signed by either the individual owner or, for partnerships or corporation, two partners or two corporate officers.

**Fees** The state fee is \$12 no matter how many special events you attend. However, a separate city license fee is required for each city unless you are currently licensed for the city in which an event will be held. List the cities in which you will be doing business on the front of the application form and total to determine the amount due.

**City or Town Licensed by the State**

CITY/TOWN	C O D E	F E E	CITY/TOWN	C O D E	F E E	CITY/TOWN	C O D E	F E E
BENSON	BS	5.00	HAYDEN	HY	5.00	SHOW LOW	SL	2.00
BISBEE	BB	1.00	HOLBROOK	HB	1.00	SIERRA VISTA	SR	1.00
BUCKEYE	BE	2.00	HUACHUCA CITY	HC	2.00	SNOWFLAKE	SN	2.00
CAMP VERDE	CE	2.00	JEROME	JO	2.00	SOUTH TUCSON	ST	2.00
CAREFREE	CA	10.00	KEARNY	KN	2.00	SPRINGVILLE	SV	5.00
CASA GRANDE	CG	2.00	KINGMAN	KM	2.00	ST. JOHNS	SJ	2.00
CAVE CREEK	CK	20.00	LAKE HAVASU	LH	5.00	STAR VALLEY	SY	2.00
CHINO VALLEY	CV	2.00	LITCHFIELD PARK	LP	2.00	SUPERIOR	SI	2.00
CLARKDALE	CD	2.00	MAMMOTH	MH	2.00	SURPRISE	SP	10.00
CLIFTON	CF	2.00	MARANA	MA	5.00	TAYLOR	TL	2.00
COLORADO CITY	CC	2.00	MARICOPA	MP	2.00	THATCHER	TC	2.00
COOLIDGE	CL	2.00	MAMI	MM	2.00	TOLLESON	TN	2.00
COTTONWOOD	CW	2.00	ORO VALLEY	OR	12.00	TOMBSTONE	TS	1.00
DEWEY/HUMBOLDT	DH	2.00	PAGE	PG	2.00	TUSAYAN	TY	2.00
DUNCAN	DC	2.00	PARADISE VALLEY	PV	2.00	WELLTON	WT	2.00
EAGAR	EG	10.00	PARKER	PK	2.00	WICKENBURG	WB	2.00
EL MIRAGE	EM	15.00	PATAGONIA	PA	25.00	WILLIAMS	WL	2.00
ELOY	EL	10.00	PAYSON	PS	2.00	WINKELMAN	WM	2.00
FLORENCE	FL	2.00	PIMA	PM	2.00	WINSLOW	WS	10.00
FOUNTAIN HILLS	FH	2.00	PINETOP/LAKESIDE	PP	2.00	YOUNGTOWN	YT	10.00
FREDONIA	FD	10.00	PRESCOTT VALLEY	PL	2.00	YUMA	YM	2.00
GILA BEND	GI	2.00	QUARTZSITE	QZ	2.00			
GILBERT	GB	2.00	QUEEN CREEK	QC	2.00			
GLOBE	GL	2.00	SAFFORD	SF	2.00			
GOODYEAR	GY	5.00	SAHUARITA	SA	5.00			
GUADALUPE	GU	2.00	SAN LUIS	SU	2.00			

Indian Reservation (County)	CODE	Indian Reservation (County)	CODE
Ak-Chin (Pinal)	PNA	Pascua-Yaqui (Pima)	PMN
Cocopah (Yuma)	YMB	Salt River Pima-Maricopa (Mar.)	MAO
Colorado River (La Paz)	LAC	San Carlos Apache (Gila)	GLP
Fort McDowell-Yavapai (Mar.)	MAE	San Carlos Apache (Graham)	GRP
Fort Mojave (Mohave)	MOF	San Carlos Apache (Pinal)	PNP
Fort Yuma-Quechan (Yuma)	YMG	San Juan Southern Paiute	COQ
Gila River (Maricopa)	MAH	Tohono O'Odham (Maricopa)	MAT
Gila River (Pinal)	PNH	Tohono O'Odham (Pima)	PMT
Havasupai (Coconino)	COI	Tohono O'Odham (Pinal)	PNT
Hopi (Coconino)	COJ	Tonto Apache (Gila)	GLU
Hopi (Navajo)	NAJ	White Mtn Apache (Apache)	APD
Hualapai (Coconino)	COK	White Mtn Apache (Gila)	GLD
Hualapai (Mohave)	MOK	White Mtn Apache (Graham)	GRD
Kaibab-Paiute (Coconino)	COL	White Mtn Apache (Navajo)	NAD
Kaibab-Paiute (Mohave)	MOL	Yavapai Apache (Yavapai)	YAW
Navajo (Apache)	APM	Yavapai Prescott (Yavapai)	YAX
Navajo (Coconino)	COM		
Navajo (Navajo)	NAM		
Pascua-Yaqui (Maricopa)	MAN		

**This Area For Agency Use Only**

Sales	Withholding	NAICS code	Business code	PRG code

Cities