

**Application for Business License  
TOWN OF PRESCOTT VALLEY  
7501 Skoog Blvd**



Prescott Valley Arizona 86314  
928.759.3135 928.759.5536 FAX

**INCOMPLETE APPLICATIONS  
WILL NOT BE PROCESSED**

**LICENSES ARE NOT TRANSFERABLE**

[clerk@pvaz.net](mailto:clerk@pvaz.net)

<b>FOR OFFICE USE ONLY</b>		New App Fee:	<input type="checkbox"/>	Outside Town	Business License #
Date/Initials:	Check #	Admin Fee:	<input type="checkbox"/>	Rental License	
		Inspection Fee:	<input type="checkbox"/>	Commercial	
	Cash	Location Fee:	<input type="checkbox"/>	Home Occupancy	Is Eligibility Form Required ?

**PRINT or TYPE** **Page 1 of 2**  No  Yes and Received

Check the box that applies:	<input type="checkbox"/> New business inside the Town of Prescott Valley <input type="checkbox"/> New business outside Town of PV limits <input type="checkbox"/> Ownership Change Date of change _____ <input type="checkbox"/> Location Change Date of change _____	<b>LICENSE FEES:</b> Commercial Business located in Prescott Valley <b>\$65</b> PV Home Business or Business Located Outside Prescott Valley <b>\$60</b> Commercial Rental Business License <b>\$60 plus \$5.00</b> per location Commercial building w/multiple suites = 1 location
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**SECTION 1. Business Name and Physical Location**

Business Name \_\_\_\_\_

Street # (N,S,E,W) Street Name (cannot be a PO Box) Suite / Apt # Business phone number ( )

City/Town State Zip Code Alternate # (not same as above) ( )

**MAILING ADDRESS** (if not physical location) Street Address or PO Box City State Zip

Is the physical business location within the incorporated town limits of Prescott Valley?  YES  NO  
**If YES, attach a Commercial Occupancy Permit Form OR a Home Occupancy Permit Form whichever is applicable. (REQUIRED)**

If in PV is the business location: Owned  Leased/Rented  Sub-leased  **If NOT owned, owner's information is required**

Landlord's Name Landlord's Address (Street Address, City, State and Zip)

Landlord's Phone number ( )

**SECTION 2. Business Information and Ownership**

Number of PV employees Start date of business in Prescott Valley Federal ID or Social Security Number Arizona TPT sales tax number

Ownership:  Individual  LLC  Corp. State Incorporated in: \_\_\_\_\_  Partnership  Other \_\_\_\_\_

Disclosure of Social Security Account Numbers for Owners/Officers/Members is **mandatory**. The authority for soliciting the number is found in 42 USC 405(c)(2)(c)(1). Social Security Numbers are used to identify Owners/Officers/Members and to conduct background checks, and may be communicated to Law Enforcement personnel. **Private information is NOT released to the public.**

<b>Owner, Officer, Member / Partner</b> <b>DO NOT LEAVE BLANK</b>	Name (first and last)	Title
	Home street address (cannot be a PO Box)	Social Security Number (required)
	City/Town State Zip code	Phone number ( )
<b>For Additional Names, Please attach a list</b>	Name (first and last)	Title
	Home street address (cannot be a PO Box)	Social Security Number (required)
	City/Town State Zip code	Phone number ( )
<b>Corporate or LLC Statutory Agent</b>	Name	Phone number ( )

**EMAIL and/or WEBSITE ADDRESS (optional)**

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**SECTION 2. (Continued) Business Information and Ownership**

Have any licenses/permits that have been issued or applied for by the applicant or business been denied, suspended or revoked?

Description of any/all criminal convictions of the applicant or business owner in the last 5 years:

Locations where the business or applicant has operated during the last 5 years:

**SECTION 3. Business Description**

**Describe nature of business:**

If you will be selling products, please describe.

Retail Sales    Manufacturing    Wholesale    Service    Hotel/Motel    Restaurant    Contractor

AZ ROC License Number(s) required for contractors	Other professional license or permit number & description:
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**SECTION 4. Commercial Rental Business in the Town of Prescott Valley (complete if you are the landlord)**

Commercial buildings w/multiple suites = one location \* Total # of rentals = \_\_\_\_\_

Address location # 1	Address location #2
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Address location # 3	Address location #4
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\* If there are additional rental locations, please attach list.

**SECTION 5. Applicant Information (Must be completed for the person signing below)**

Name (First and Last)	Driver's License #	State	Expiration Date
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Business Street Address (cannot be a PO Box)	Suite / Apt #	Date of Birth	Social Security # (required)
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City/Town	State	Zip Code	Phone number (     )
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I understand that issuance of a Business License shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject. The undersigned applicant hereby certifies that the information provided to the Town of Prescott Valley in order to obtain a valid Business License is accurate and complete to the best of his/her knowledge and subject to revocation and certifies that he/she has read and knows the terms and conditions herein and agrees to abide by the same.  
 Inspection and Administrative fees are **non-refundable. No refunds** will be given once a business license has been issued.

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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**Code Enforcement Department Only**

Approved:	Date:	Denied:	Date:
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Code Enforcement Comments: