



\$50.00

# TOWN OF MIAMI BUSINESS LICENSE APPLICATION

500 W. Sullivan Street, Miami, AZ 85539

928-473-4403 / Fax 928-473-3003

Name of Applicant: \_\_\_\_\_

Driver's License/ID No: \_\_\_\_\_

Applicant Phone No: \_\_\_\_\_ Business Phone No: \_\_\_\_\_

Fax No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name/Corporate Office and/or DBA: \_\_\_\_\_

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

Business Location/Physical Address: \_\_\_\_\_

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

No. of Business at this location: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

Type of Business:  Corporation  Partnership  Sole Proprietor  L.L.C.

AZ State Tax I.D. No. \_\_\_\_\_ Contractor No: \_\_\_\_\_

Health Permit No.: \_\_\_\_\_

\*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 Miami, AZ 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/or Administration fees are **non-refundable**. **No refunds** will be issued once a business license has been issued.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

## LICENSE INFORMATION:

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

Amount \_\_\_\_\_

Business License No. \_\_\_\_\_