



BUSINESS LICENSE APPLICATION

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETELY FILLED OUT AND FILED BEFORE YOU CAN ENGAGE IN BUSINESS IN THE CITY OF AVONDALE. PLEASE PRINT OR TYPE

<input type="radio"/> Annual Business License Application Fee \$25.00 (non-refundable) License Fee \$40.00 Total Due \$65.00	<ul style="list-style-type: none"> • All businesses located within Avondale • All businesses located outside Avondale conducting business in Avondale, which includes businesses who participate in special events (except non-profit special events lasting three days or less, see Temporary Business License). 	<input type="radio"/> Temporary Business License <input type="radio"/> One Day Event = \$15.00 <i>(Only non-profit special events lasting three days or less.)</i> <input type="radio"/> Two Day Event = \$30.00 <input type="radio"/> Three Day Event = \$45.00	For Office Use Only		
Special Event Type: <input type="radio"/> Non-profit <3 days <i>(Temporary License)</i> <input type="radio"/> Other <i>(Annual License)</i>			License Fee		
Check One: <input type="radio"/> New Business <input type="radio"/> New Owner of Existing Business <input type="radio"/> Name Change Only <input type="radio"/> Location Change			Application Fee		
Former Owner (if applicable)		Special Event Name		License #	
Current City License #		Start Date/Date of Change		SIC Code	
SECTION I. BUSINESS INFORMATION				Business Class	
Legal Business Name		DBA (Doing Business As)			Business Description
Street Address (physical business location)			Ste/Apt	Comments	
City	State	Zip	<input type="radio"/> Mobile (i.e. Food Truck)		
State TPT License #	Federal EIN #	Business Phone # (Include Area Code)			
Email Address		Is your business home-based and located in Avondale? <input type="radio"/> Yes <input type="radio"/> No If yes, must complete and attach a Business License Supplement for Home Occupations form with this application.			
SECTION II. MAILING ADDRESS					
<input type="radio"/> Same As Above		Enter Name if Different from Section I (above) or enter "In-Care-Of" Name			
Street Address			Ste/Apt		
City		State	Zip		
SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION					
Ownership, Check One: <input type="radio"/> Individual <input type="radio"/> LLC <input type="radio"/> Corp. – State Inc. _____ <input type="radio"/> Gen. Partnership <input type="radio"/> Ltd. Partnership <input type="radio"/> Other _____					
Owners, Partners, LLC Members or Officers <i>(For additional names, please attach list.)</i> Individuals Must Provide Proof of Legal Residence. <i>(Please attach a copy of your Driver's License or State ID.)</i>	Name		Title		
	Home Street Address		Social Security #		
	City	State	ZIP Code	Phone # (Include Area Code)	
Individuals Must Provide Proof of Legal Residence. <i>(Please attach a copy of your Driver's License or State ID.)</i>	Name		Title		
	Home Street Address		Social Security #		
	City	State	ZIP Code	Phone # (Include Area Code)	
SECTION IV. BUSINESS TYPE					
Describe Nature of Business			Contractors #		
			# of Employees		
SECTION V. BUSINESS PREMISES STATUS					
Check One: Do you own your business location? <input type="radio"/> Yes <input type="radio"/> No If no, complete Landlord/Property Manager Information			If yes, is this your residence? <input type="radio"/> Yes <input type="radio"/> No		
Landlord/Property Manager Name		Address		Phone #	
Do you rent a portion of the business premises to another entity? <input type="radio"/> Yes <input type="radio"/> No		If yes, list name of business(s)			

I certify that the statements made in this application are true and complete to the best of my knowledge.
 I accept the license authorized and issued in response to this application. **Incomplete forms may not be processed.**
 IF APPLICABLE, BE SURE ALL TRANSACTION PRIVILEGE TAX HAS BEEN PAID BY THE FORMER OWNER, OR BY LAW, YOU MAY BE LIABLE FOR ANY UNPAID TAX.

Print Name	Signature	Title	Date
------------	-----------	-------	------