TOWN OF SPRINGERVILLE, ARIZONA
BUSINESS PERMIT APPLICATION

NAME OF BUSINESS: _____

NAME OF APLICANT: _____RELATION TO BUSINESS _____

PHONE # _____ Fax # _____

ADDRESS

PHYSICAL	MAILING
_____	_____
_____	_____

PROPERTY OWNER _____
ADDRESS:_____

BRIEF DESCRIPTION OF NATURE OF BUSINESS:_____

_____

TYPE OF BUSINESS ___CORPORATION ___PARTNERSHIP ____SOLE PROPRIETOR ____OTHER

Motel/Hotel ___ Restaurant ____ Gas Station____ Auto Repair___ Other____

ARIZONA SALES TAX # _____ CONTRACTORS LICENSE # _____

OFFICERS/OWNERS OF BUSINESS

NAME	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____ _____
SIGNATURE DATE

FOR OFFICE USE ONLY

APPROVAL:

ADMINISTRATION: _____ DATE: _____

P & Z: _____ DATE: _____

LICENSE:

LICENSE # _____

DATE ISSUED: _____ DATE EXPIRED: _____