



CITY OF SAN LUIS

Department of Finance
Business License Application
License & Tax Division

P.O.Box 3750 - 1090 E. Union Street
San Luis, AZ 85349 (928) 314-9119

licensing@sanluisaz.gov

Received by: _____

General Business License Application TBP Special Event/Temporary Fireworks Peddler

This application must be filed and approved before you can lawfully engage in business in the City of San Luis, Arizona. A separate license is necessary for each business location. This license is non-transferable and shall be valid until owner requests cancellation or revoked by the city license and tax division.

<input type="checkbox"/> New Applicant	<input type="checkbox"/> Location Change	<input type="checkbox"/> Information Update	<input type="checkbox"/> Change of Use	BL No.:
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- 1) Business Name: _____
A) Doing Business As: _____
- 2) Location of Business: _____
 Office Use Only City State Zip
- 3) Mailing Address: _____
City State Zip
- 4) Business Phone No.: _____ E-mail: _____
- 5) **Brief explanation of services/ sales that will be conducted: _____
A) Will you be selling door to door? Yes No
- 6) AZ State Transaction Privilege License (Tax) No. **or** EIN No. (Please provide copy) _____
- 7) AZ State Contractor License No. (Please provide copy) _____
- 8) Will Alcoholic Beverages be served/sold on premises? Yes No State Liquor License No. _____
- 9) (Food Vendors) County Health Department Permit No. _____
- 10) Date Business will begin: _____
If temporary or itinerant, date business will end: _____
- 11) Owner(s) Name: _____
- 12) Driver's License No. / ID _____
- 13) Type of Ownership-Proprietor/Partnership/Corporation
A) *Proprietorship – Owner name* _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____
B) *Partnership – 1. Name* _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____
2. Name _____
Home Address _____
Social Security No. _____ Birth Date: _____ Home Phone No. _____
C) *Corporation Name* _____
Corporation Address _____
Corp. Phone Number _____
President _____
Home Address _____
Vice President _____
Home Address _____

- 13) If Business was purchased, former owner/name _____
- 14) Will Business location also be used as a residence? _____
- 15) Other Business Locations in San Luis, AZ: _____

- 16) Has remodeling work been done prior to this application? _____
Describe remodeling or provide permit numbers. _____
- 17) How much parking is available for business? _____
Is parking area paved? Yes No *If an alley is used for access, is alley paved?* Yes No N/A
- 18) Is this property owned or leased by the business? _____
If leased, give property owner name _____

PLEASE PROCEED TO THE FOLLOWING DEPARTMENTS IN LISTED ORDER. This is necessary for all new businesses, new owners, location changes, and/or changes or additions to any type of business. Application can be processed internally with the time frame of 5-10 days.

- 1) DEPT. OF DEVELOPMENT SERVICES/PLANNING & ZONING DIVISION** – (1090 E. Union St., San Luis, AZ 85349)
Change of use or establishment of a new use may require compliance with current parking, sign, landscaping or other development regulations. Please contact this office at (928) 341-8563, if you have any questions or need assistance with zoning requirements.

No objection to issuance No objection to issuance w/conditions Objection to issuance

Zoning: C-1 C-2 R1 R2 RUS L1 MH

Comments/Requirements _____

Signature of Department _____ Date: _____

- 2) BUILDING SAFETY** – (1090 E. Union St., San Luis, AZ 85349) (928) 341-8565

Signature of Department _____ Date: _____ No objection Objection

Comments/Requirements _____

- 3) FIRE DEPARTMENT** – (1165 N McCain Avenue, San Luis, AZ 85349) (928) 341-8550

Signature of Department _____ Date: _____ No objection Objection

Comments/Requirements _____

- 4) POLICE DEPARTMENT** – (1030 E. Union St, San Luis, AZ 85349) (928) 341-2420

Signature of Department _____ Date: _____ No objection Objection

Comments/Requirements _____

I swear that all statements made in this application are true and complete the best of my knowledge. I understand that any false statements of material facts and failure to pay in a timely manner will be subject me to cancellation of license. I also agree to comply with all Federal, State, and City laws as pertains to this business. Applicant has read and understands the above comments, limitations, and/or requirements in connection to the issuance of the business license. The city will revoke business license for non-compliance to above and reserves the right to deny or revoke business license for above and stated and/or violations.

Name: _____ Signature: _____ Date: _____



City of San Luis City Code

Chapter 5.05: OCCUPATIONAL LICENSE AND MISCELLANEOUS BUSINESS REGULATIONS

Section 5.05.010 BOP LICENSE DEFINED

BOP LICENSE. Any business, occupational or professional license required under Section 110.02

Section 5.05.80 COMPLIANCE WITH OTHER LAWS.

The issuance of a BOP license by the city shall not be construed as authority to engage in any activity which is not violation of any other law or regulations to which the activity is subject, or to conduct activities on any property in violation of the zoning ordinance.

I have read and understand the above restrictions which apply to ALL business licenses (new, amended, and renewals) within the City of San Luis.

Signed: _____

Date: _____

**Copies: Applicant keeps one copy with his Business License paperwork.
Business Licenses Division keeps one copy in file.**