



# TOWN OF JEROME

POST OFFICE BOX 335, JEROME, ARIZONA 86331

(928) 634-7943

www.jerome.az.gov

## BUSINESS LICENSE APPLICATION

Business license # \_\_\_\_\_

Expiration \_\_\_\_\_

New

Renewal

Date \_\_\_\_\_ Name of Business \_\_\_\_\_

AZ TPT # \_\_\_\_\_ **(CURRENT TPT LICENSE, if applicable, MUST ALSO BE SUBMITTED.)**

TPT license:  CURRENT LICENSE ON FILE  EXEMPT

**If your business is subject to a certificate of health or sanitary examination, please include a copy of your current license from Yavapai County Community Health Services.** Where any business activity is subject to a certificate of health or sanitary examination, before commencing operation, the applicant must produce a current license, certificate or permit from Yavapai County Community Health Services. Failure to do so is grounds for revocation or suspension of the license. County Health License:  CURRENT LICENSE ON FILE  EXEMPT

**For MOBILE FOOD VENDORS or TOUR BUSINESSES:** Certificate of Insurance:  CURRENT COI ON FILE  EXEMPT

Physical address of business (Not PO Box) \_\_\_\_\_

Mailing address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**\*To Schedule Your Inspection, contact the Fire Inspector- Phone: (928) 649-3034 Email: admin@jeromefd.org**

Type of business \_\_\_\_\_ Home-based business? YES  NO

Estimated gross annual revenue  \$2,500 - \$10,000 (license fee: \$20)  Over \$10,000 (license fee: \$50)

Business Owner(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*By my signature above, I certify, under penalty of law, that the information provided herein is true and correct to the best of my knowledge.*

This Licensee acknowledges that to operate the above business in accordance with Section 8-3-1 of the Jerome Town Code, it is subject to Licensee's compliance with all laws, ordinances, regulations, and requirements regarding Licensee's activities, including, but not limited to, zoning regulations, building code requirements, and fire code requirements. Issuance of this license shall not be construed as evidence of Licensee's compliance with such regulations and requirements, and it is the responsibility of the Licensee to assure such compliance prior to commencing business operations.

### FOR TOWN USE ONLY

COI Required? Y N Rcvd. \_\_\_\_\_

DATE APPLICATION SUBMITTED \_\_\_\_\_ ACCEPTED BY \_\_\_\_\_  Caselle  EXSP  HC to IT

\$20  \$50  CASH  CREDIT CARD  CHECK # \_\_\_\_\_ PAYMENT DATE \_\_\_\_\_

UTILITIES ACCT/CLASSIFICATION \_\_\_\_\_ Status:  Current  30 days past due  30 days+ past due

APPROVED  DENIED \_\_\_\_\_ Date \_\_\_\_\_ Called for Inspection Appointment: Y N  
*Building Inspector*

APPROVED  DENIED \_\_\_\_\_ Date \_\_\_\_\_ APPT. DATE \_\_\_\_\_  
*Fire Inspector*

APPROVED  DENIED \_\_\_\_\_ Date \_\_\_\_\_ IF DENIED, PLEASE STATE REASON & INITIAL:  
*Zoning Administrator*

APPROVED  DENIED \_\_\_\_\_ Date \_\_\_\_\_  
*Town Manager*

NEW EXPIRATION DATE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_