



City of Willcox

FOR OFFICE USE ONLY

Account Number _____

Permit # Renewed _____

Date of Renewal _____

Department of Administration, Office of Finance
101 S. Railroad Avenue, Suite B
Willcox, AZ 85643-2198
(520) 766-4207 Fax (520) 384-2590

APPLICATION FOR BUSINESS PERMIT- Initial Fee \$25.00

Annual Renewal Fee - \$12.00

The permit is for the calendar year, January through December. The Willcox business permit expires December 31. Please note that payment for the renewal for the permit must be done on or before the expiration date. (see "payment and renewal "b" page 3) Applicants must provide a copy of the State transaction privilege sales tax license, Federal tax ID number, as well as other licensing and/or certification information pertaining to the business permit being applied for.

PLEASE PRINT OR TYPE- COMPLETE ENTIRE FORM (Indicate "N/A" in sections not applicable)

Your business will be assigned an account number. Refer to the account number in any future correspondence relating to your permit.

Type of Business (check one): ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other

Legal Name of Business _____ State Sales Tax ID# _____

Driver's License/Identification# _____

Trade Name or DBA _____ Owner's Name _____

Physical Location _____
Street Address City, State, and Zip Code

Mailing Address _____
Street Address City, State, and Zip Code

Business Phone # _____ Contact Phone or Fax _____

If business is a corporation, the state where incorporated and the statutory agent:

List of officers/owners of the business

Brief description of the nature and type of business:

Type of products(s) produced, sold or the service (s) rendered. Specify if the materials and products will include flammable or toxic materials: (Provide explanation: This information will be used for emergency purposes only.)

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

SIGNATURE OF APPLICANT _____ DATE _____

Relationship to business (owner, manager, etc.) _____