



Business License Application
Fee: \$60.00

Business Information				
Check any that apply: <input type="checkbox"/> New Business <input type="checkbox"/> Ownership Change <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change Only				
Legal Business Name:				
Doing Business As (DBA) if applicable:				
Physical Location of Business:				
City:		State:		ZIP Code:
Plaza/Business Park Name (in Queen Creek) :				
Business Phone:			Business Fax:	
Mailing Address:			City:	State: ZIP Code:
Business Email:			Business Website:	
SSN# (for Sole Proprietors) <i>not public record</i> OR Federal Employer Identification # (EIN) issued by IRS:				
AZ Sales Tax/TPT# (Issued by AZ Dept of Revenue for businesses with taxable activity):				
Emergency Contact Person (after hours):			Emergency Telephone:	
Business Ownership & Record Location				
Type of Ownership: <input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____				
Owners, Partners, LLC Members or Officers (For Additional Names Please Attach List)				
Name:		Title:	SSN: <i>(not public record)</i>	
Address:				
City:		State:		ZIP Code:
Contact Person:			Title:	
Business Type/ Business Activity * Indicates additional information required				
Check all categories that relate to your business:				
<input type="checkbox"/> Construction/Contractor AZ ROC# _____		<input type="checkbox"/> Service		
<input type="checkbox"/> Retail Sales		<input type="checkbox"/> Professional Services		
<input type="checkbox"/> Restaurant/Bar	Liquor License* <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medical		
<input type="checkbox"/> Home -based Occupation *		<input type="checkbox"/> Commercial/ Industrial		
<input type="checkbox"/> Asst. Living Facility/Group Home State License# _____		<input type="checkbox"/> Solicitor, Peddler, Transient Merchants* - \$250 per quarter		
<input type="checkbox"/> Wholesale		<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Other _____		# of Employees _____		
Detailed Description of Business:				



Applicant Signature

1. Incomplete applications may not be processed.
2. All changes or additions to electrical, plumbing, mechanical or structural elements require a building permit and occupancy permit. Please contact the Building Department at 480-358-3003 for submittal requirements.
3. All new signs and changes of signs require a separate permit.

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I understand that any license or permit issued or approved pursuant to this application does not authorize any business activity within the Town of Queen Creek which violates Town Code or other Town ordinances. Any violation of the Town Code or ordinances may result in penalties as prescribed in the Town Code. Recipients of Town business licenses must obey all federal and state regulations governing the business type on the license. Issuance of a business license by the Town shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject. Business license and approval process may take 10-14 business days.

Print Name of Applicant	Signature	Date
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FOR OFFICE USE ONLY:

Zoning/CUP# :	ROC#	ARS §41-1080:	Bus Lic #
APPROVAL: Planning Department			Date:
APPROVAL: Utilities Department			Date:
APPROVAL: Fire Department			Date:
APPROVAL: Town Clerk			Date:

BUSINESS LICENSE APPLICATION REVIEW & TIMEFRAMES

The business license application and approval process may take up to 10-14 business days.

Days 1-4: The application is reviewed for completeness and correct payment and the customer is notified if more information is required. The review timeframe will not start and a business license will not be processed until the application is complete and the fee is received.

Days 5-14: Verification of Contractor's License status, license eligibility (ARS §41-1080) and tax identification numbers. The completed application is routed to other departments as needed for approval. The customer is notified if more information is needed or if the license has been denied. The approved license is issued and mailed to address provided on business license application. The business license expires 12 months from issue date and renewal notices will be mailed the following year.

Total Review Time: 14 Business Days*

*Peddlers, Carvassers, Solicitors & Transient Merchant applications require a 10 day mandatory investigation period which may result in total review timeframes up to 24 days.

ARIZONA REGULATORY BILL OF RIGHTS

This past legislative session (52nd Legislature, First Regular Session), the Arizona Legislature passed House Bill 2212. This "Regulatory Bill of Rights" related to licensing decisions is effective July 3, 2015.

9-834. Prohibited acts by municipalities and employees; enforcement; notice

- A. A municipality shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.
- B. Unless specifically authorized, a municipality shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C. This section does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes.
- D. A municipality shall not request or initiate discussions with a person about waiving that person's rights.
- E. This section may be enforced in a private civil action and relief may be awarded against a municipality. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a municipality for a violation of this section.
- F. A municipal employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the municipality's adopted personnel policy.
- G. This section does not abrogate the immunity provided by Section 12-820-01 or 12-820.02.



LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)

(Individuals and Sole Proprietorships Only)

Full Last Name:	Full First Name:	Full Middle Name:
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On May 1, 2008 Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a “licensing eligibility” section (Arizona Revised Statutes § 41-1080) preventing a state agency from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law.

Please note that this applies to all “individuals” who obtain licenses. THIS DOES NOT APPLY TO ENTITIES SUCH AS CORPORATIONS OR LLC’S.

Before issuing a license to an individual, the individual must present **one** of the following documents to the municipality indicating that the individual’s presence in the United States is authorized under federal law:

Check the box next to the document you are providing:

- An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- A driver license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, NM, UT, and WA are not acceptable)
- A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- A United States certificate of birth abroad.
- A United States passport.
- A foreign passport with a United States visa.
- An I-94 form with a photograph.
- A U.S. citizenship and immigration services employment authorization document or refugee travel document
- A United States certificate of naturalization.
- A United States certificate of citizenship.
- A tribal certificate of Indian blood.
- A tribal or bureau of Indian affairs affidavit of birth.

ATTACH A PHOTOCOPY showing both sides of your identification.

This provision does not apply to an individual if **ALL** of the following apply:

1. The individual is a citizen of a foreign country or, if at the time of the application, the individual resides in a foreign country.
2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

Signature of applicant

Date

Signature of municipal employee

Date

RETURN THE ORIGINAL OF THIS FORM WITH A COPY OF YOUR IDENTIFICATION



If your business is in a residential district (home-based business in Queen Creek town limits only), please complete this page:

Home Based Occupation must conform to Performance Standards set forth in Town of Queen Creek Zoning Ordinance Article 6, Section 6.4 - Home-based Occupations. Complete text is on the Town web-site.

1. Permits must be obtained before operating home-based occupation and must conform to all applicable Town ordinances and regulations.
2. A home-based occupation may only be conducted as an accessory use to a dwelling unit and shall continue to be used as a residence and maintain a residential character and appearance.
3. No more than 25% of the gross floor area of the primary structure is to be used for the home-based occupation.
4. No exterior indication of a non-residential use, other than one (1) non-illuminated sign not to exceed three (3) square feet attached to the building or placed in a window is allowed.
5. Full time home resident is the business operator and there shall be no more than (1) non-resident employee working in the home.
6. The home is not to be used as a location for assembly of employees for instruction or dispatch to other locations.
7. A home-based occupation shall not generate dust, odors, noise, vibrations or electrical interference.
8. Storage of goods and materials shall be inside and shall not include flammable, combustible or explosive materials.
9. All parking for a home-based occupation shall be provided only in the driveway and shall not create hazards or street congestion. Overnight on-street parking is not permitted.
10. Five (5) or fewer clients per day. Customer hours between 8:00 a.m. and 6:00 p.m.

Home-based Occupation Questionnaire

1. Is the business conducted within your dwelling unit or accessory structure? Yes No
If no, please explain why: _____
2. Are you the sole employee of the business? Yes No
If no, how many employees do you have? _____
3. What are your hours of operation? _____
4. How many deliveries do you receive on a weekly basis? None 1-2 3-4 5-10 10+
5. How many customers/clients come to your residence per day? _____
6. If you are conducting a home day care, how many children will you provide care for? _____

I HAVE READ AND AGREE TO THE ABOVE TOWN OF QUEEN CREEK HOME-BASED OCCUPATION REGULATIONS AND HAVE COMPLETED THE QUESTIONNAIRE TO THE BEST OF MY KNOWLEDGE.

Print Name of Applicant/Homeowner:	Signature:	Date:
FOR OFFICE USE ONLY:		
Zoning/CUP# :	ARS §41-1080:	Bus Lic #
APPROVAL: Planning Department		Date:
APPROVAL: Town Clerk		Date:



WASTEWATER DISCHARGE INFORMATION

For questions regarding this form, please contact Darren Farar at 480-358-3476

Describe the activities that take place on the premises

Does the facility generate any wastewater other than domestic sewage (domestic sewage is wastewater from toilets, sinks, showers, etc.)? Yes No If yes, please explain

Is any portion of the wastewater domestic or process generated at the facility discharged to the Town of Queen Creek sewer system? Yes No

Is any portion of the wastewater generated at the facility discharged to a septic system? Yes No

Does your facility contain any photographic or x-ray development processes on site? Yes No

Does your facility have a Grease Trap or Grease Interceptor on site? Yes No

Does the facility use or store petroleum oil, non-biodegradable cutting oil, mineral spirits or other products of petroleum or mineral oil on the premises? Yes No If yes, please list materials, units and quantity: (Attach additional sheets if more room is needed)

Material: Units: (gallons, pounds, etc.) Quantity: (per day, week, year)

Does the facility/ business existing as commercial, retail, industrial, or home based, use or store quantities of any pesticides, organic chemicals, paints, wastes, radioactive substances, solvents, liquid wastes, bases, acids, or otherwise hazardous materials on the premises that would exceed equivalent quantities necessary for the cleaning or maintenance of typical residential restrooms, kitchen, or interior/ exterior structures and landscape? Yes No If yes, please complete list materials, units and quantity: (Attach additional sheets if more room is needed)

Material: Units: (gallons, pounds, etc.) Quantity: (per day, week, year)

THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature Date

Printed Name Title