



Physical Location of Business:

- Inside City Limits
- Outside City Limits

150 N. Pine Street Globe, AZ 85501 Phone: (928) 425-7146 Fax: (928) 425-4820

BUSINESS LICENSE REGISTRATION APPLICATION
 All information provided is subject to review by Arizona Department of Revenue.

THIS APPLICATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN THE CITY OF GLOBE. THE BUSINESS LICENSE REGISTRATION FEE IS NON-REFUNDABLE AND ANY BUSINESS LICENSE REGISTRATION ISSUED IS NON-TRANSFERRABLE. ALL BUSINESSES LOCATED IN THE CITY OF GLOBE MUST COMPLY WITH ALL ORDINANCES, REGULATIONS, CODES, POLICIES, AND REQUIREMENTS AFFECTING PUBLIC PEACE, HEALTH, AND SAFETY. ALL BUSINESS LICENSE REGISTRATIONS EXPIRE ON DECEMBER 31ST OF THE CALENDAR YEAR ISSUED. ALL BUSINESS REGISTRATION LICENSES MUST BE RENEWED 30 DAYS PRIOR TO THE EXPIRATION DATE.

APPLICANTS MUST PROVIDE PROOF OF CITIZENSHIP/LEGAL RESIDENCY AT THE TIME THE APPLICATION IS MADE. PROCESSING OF BUSINESS LICENSE APPLICATIONS ARE 15 WORKING DAYS.

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|--|-------------------|-----------------------|--|
| *CITY OF GLOBE OFFICE USE ONLY* | | Fee: \$ | Form of Citizenship/Legal Residency Provided: <input type="checkbox"/> YES |
| Date Received: | Check / Cash / CC | Business License #: | Section Approvals: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
| Initials: | Receipt #: | Date Licensed Issued: | Date License Expires: |

PLEASE PRINT IN INK OR TYPE. INCOMPLETE/UNLEDGEABLE APPLICATIONS WILL NOT BE ACCEPTED/PROCESSED.

| | | |
|--|---|---------------------------------------|
| Check One: <input type="checkbox"/> New Business. <input type="checkbox"/> New Owner of Existing Business. <input type="checkbox"/> Reinstatement of Cancelled Registration. <input type="checkbox"/> Change of Business. <input type="checkbox"/> Business Name Change. | Former Owner and Former License # (If applicable): | Application Date: |
| | | Business Start Date / Date of Change: |

| SECTION 1. BUSINESS DESCRIPTION | | | |
|---|--|---|--|
| Business Type | <input type="checkbox"/> Retail Sales <input type="checkbox"/> Restaurant <input type="checkbox"/> Commercial Rentals <input type="checkbox"/> Wholesaler | <input type="checkbox"/> Bar/Pub <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction/Contracting | <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Automotive Repair <input type="checkbox"/> Non-Profit-Provide Federal 501(C) (3) <input type="checkbox"/> Other, please list: _____ |
| Describe Nature of Business (Provide Supplement if Needed): | | | |
| For Special Events or Temporary Sales Events, provide the date and location of the sales/event: _____ | | | |
| NOTE: A Temporary Use Permit <u>MUST</u> be obtained from Planning & Zoning AT LEAST 60 days in advance for ALL Special Events and Temporary Sales Events | | | |
| REQUIRED (If applies): Provide copy of Gila County Health Department Permit and/or Liquor License Permit: <input type="checkbox"/> DOES NOT APPLY. | | | |

| SECTION 2. BUSINESS NAME AND LOCATION INFORMATION | | | |
|--|--|---|------------------|
| Business Name (and DBA): | | | |
| Assessor's Parcel Number: | | Zoning District: | |
| Business Physical Location (Street Address): | | City: | State: Zip: |
| Business Mailing Address: | | City: | State: Zip: |
| Business Phone #: | | Email Address: | |
| Federal ID/EIN #: | ADOR Transaction Privilege Tax (TPT) Number: | Is your TPT # Registered with ADOR for the City of Globe: Yes No N/A | |
| AZ ROC License Number(s) required for Contractors: | Liquor License Class # (if applicable): | Other Professional Licenses or Permit Numbers and Description: | |
| Renewal Contact information: | Contact Person: | Email: | Phone Number: |

| | | |
|---|-----------------|---|
| Does the business location have an alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, an Alarm System Notification form is required. | | |
| Is the business location your personal residence and within Globe City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a Home Occupation Permit is required. | | |
| Does this business occupy an existing tenant space within the City of Globe limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete section 3 below. | | |
| SECTION 3. TENANT OCCUPANCY INFORMATION | | |
| Is this business location: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Sub-Leased | | Landlord's Name / Phone: |
| Will there be remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list ALL remodeling activities below: | | |
| Property Sewer System Type: <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic System | | |
| SECTION 4. COMMERCIAL/RESIDENTIAL RENTAL BUSINESS IN THE CITY OF GLOBE (IF YOU ARE THE LANDLORD) | | |
| Note: Commercial buildings with multiple suites are considered one (1) location. Attach a separate sheet if needed. | | Total Number of Commercial Rentals: _____ |
| | | Total Number of Residential Rentals: _____ |
| Type of Rental(s): <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____ | | |
| Address of Location #1: | | Address of Location #2: |
| Address of Location #3: | | Address of Location #4: |
| SECTION 5. APPLICANT INFORMATION (MUST BE COMPLETED FOR THE PERSON SUBMITTING APPLICATION AND SIGNING BELOW) | | |
| Name: | | Date of Birth: |
| Physical Address (cannot be a PO Box): | | Copy of Driver's License #: State of Issuance: |
| City: | State/Zip Code: | Phone Number: () |
| The undersigned applicant hereby certifies that he/she understands that issuance of a Business license Registration 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. The undersigned applicant hereby certifies that he/she understands that a Zoning, Building, County Health, and Fire Clearance is required before the business may commence and accepts responsibility for obtaining any necessary clearance and other associated permits from the City of Globe. The undersigned applicant hereby certifies that the information provided to the City of Globe in order to obtain a Business Registration License is accurate and complete to the best of his/her knowledge and subject to revocation and certifies that he/she has read and knows the terms and conditions herein and agrees to abide by the same. Inspection and license registration fees are non-refundable. | | |
| Signature: | | Date: |

ADDITIONAL INFORMATION

Business license registration fees are valid through December 31st of each calendar year. Business license registrations must be renewed on an annual basis 30 days prior to the expiration date. Business license registration fees are non-refundable.

Failure to obtain a business license registration shall be punishable by a fine not to exceed one thousand dollars (\$1,000) or by imprisonment not to exceed six (6) months in jail, or both such fine and imprisonment.

Municipal Code: Article 4-2 Business alarm systems (if applies), An Alarm Notification form must be completed and returned with the Business License Registration Application. If a system is obtained after the Business License Registration is obtained, the business owner must complete the Alarm System Notification form and return it to the City of Globe. The City of Globe has passed an ordinance updating and adding penalties regarding False Alarms. This action was in response to a very high percentage of false alarms that endanger and diminishes public safety resources. For a full copy of the ordinance (Article 4-2. of the Municipal Code), please visit the City's website at www.globeaz.gov for further information.

Commercial businesses with physical locations within the city limits are required to obtain a "C of O" (Certificate of Occupancy) and must be inspected by the Building and Fire Department prior to opening (inspection fees apply). C of O is required when any of the following occur; New Construction, Major Renovations are Conducted, Change of Business Operations, Change of Ownership, New Business.

Additionally, those businesses which meet any of the criteria below **REQUIRE** issuance of the following permits by the Community Development Department and/or Gila County Health Department.

- Change of use requires Zoning Clearance.
- Locating in a residence requires a Home Occupation Permit.
- New development or Interior/Exterior renovations to structures, plumbing, electrical, outdoor lighting, heating/cooling, etc. requires a Building Permit and/or a Fire Department Permit.
- All Exterior & Window signs requires a Sign Permit.
- New exterior paint colors or renovations require HPAC approval if located in the city of Globe historical preservation district.
- Any establishment as defined in the Gila County Health Ordinance 2023-05