

# CITY OF GLOBE APPLICATION FOR CITY BUSINESS LICENSE

150 N. PINE STREET  
GLOBE, ARIZONA 85501-2592  
(928)425-7146 EXT. 16/TDD(928)425-5330

NAME OF BUSINESS:

LOCATION OF BUSINESS:

BUSINESS MAILING ADDRESS:

RESIDENCE OF APPLICANT:

TELEPHONE NUMBERS:

BUSINESS:  
RESIDENCE:  
FAX:

DATE BUSINESS STARTED IN GLOBE:

TYPE OF OWNERSHIP:

NAME OF OWNER(S)

( ) INDIVIDUAL

NAME: \_\_\_\_\_

( ) PARTNERSHIP

PARTNERS: \_\_\_\_\_

( ) CORPORATION

OFFICERS:

NAME:

TITLE:

SHOW ADDRESS OF BUSINESS (HOME OFFICE) IF DIFFERENT THAN LOCATION OF BUSINESS:

PLEASE GIVE NUMBER OF EMPLOYEES:

FULL-TIME \_\_\_\_\_

PART-TIME \_\_\_\_\_

GIVE A BRIEF DESCRIPTION OF THE NATURE OF THIS BUSINESS:

HAVE YOU PREVIOUSLY HELD A CITY OF GLOBE BUSINESS LICENSE? YES( ) NO( )

IF APPLICABLE, GIVE STATE LICENSE NUMBER: \_\_\_\_\_

IF APPLICABLE, GIVE STATE SALES TAX NUMBER: \_\_\_\_\_

IF APPLICABLE, GIVE FEDERAL ID NUMBER: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_

	Sent to following Depts. On:		
	Fire	Building	Public Works
Date			
Approved By:			