

CITY OF GLOBE APPLICATION FOR CITY BUSINESS LICENSE

150 N. PINE STREET
GLOBE, ARIZONA 85501-2592
(928)425-7146 EXT. 11/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:			