



BUSINESS LICENSE APPLICATION

\$35 FOR MOST BUSINESSES
PAYABLE BY CASH, CHECK OR
CREDIT CARD

**Customer Service
Center**
90 E. Civic Center Dr.
Gilbert, AZ 85296
(480) 503-6700
www.gilbertaz.gov

A Community of Excellence

LIQUOR LICENSE APPLICANTS MUST FIRST APPLY AT THE ARIZONA DEPT OF LIQUOR

1. BUSINESS OWNER/APPLICANT INFORMATION

Business Owner Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Circle Type of Ownership*: Public Non-profit Family Private LLC Corp Partnership

Individual, sole proprietorship or husband and wife businesses must complete a **Licensing Eligibility Form, provide picture ID and submit with this application*

2. BUSINESS INFORMATION

Business Trade Name _____ AZ Sales Tax # _____

Business Location _____ Suite # _____
(where business takes place)

Mailing Address _____
(if different from above)

Phone _____ Fax _____ E-mail _____

Website _____ Date to begin in Gilbert _____

Exact Nature of Business* _____

**A Use permit is required for some businesses including: pawn shops, adult businesses, tattoo/piercing studios, non-chartered financial institutions and smoking lounges.*

3. If your business is located in Gilbert and home-based, you must complete the supplemental Home-Based Business Questionnaire and submit it with this application.

Please complete the following information:

Owned or Leased* Total Sq Ft _____ Lease Exp _____ # of F/T Employees _____ # of P/T Employees _____

Contractors _____ # of shifts per day _____ # of operating days per week _____ Gross Annual Payroll _____

Business Sector (Please circle one) Advanced Manufacturing - Aeronautics & Defense – Agriculture - Building & Construction – Communication – Consumer Goods & Services – Convention/Tourism – Energy & Utilities – Finance – Forestry – Government – Healthcare – Industrial – Insurance – Minerals – Pharmaceuticals – Producer – Real Estate – Retail Related – Technology/Information - Telecommunications – Transportation

4. *If leasing commercial space, please provide Landlord Information:

Name _____ Phone _____
Address _____

5. TRANSIENT MERCHANTS

LICENSE FEE \$55/YR OR \$15/EVENT

Event Name (if applicable): _____

Event Address (if applicable): _____

Please list goods/service to be sold: _____

Name of individual who will be selling: _____

If a vehicle is to be used: Make _____ Model _____ License Plate _____

Transient Merchants, include with this application:

- a. *Copy of your Arizona driver's license*
- b. *Copy of vehicle liability insurance: bodily injury, \$100K per person, bodily injury, \$300K per accident; property damage, \$25K per accident*
- c. *If selling food: copy of County Permit*
- d. ***Provide any other names used in the last 5 years other than what you listed under "applicant":***

6. PAWNBROKER, JUNK/SECONDHAND DEALER

Secondhand dealers: indicate here if dealing in precious items: ☐ Yes ☐ No

Precious items include gold, silver, platinum or jewelry containing gold, silver, platinum, stones, gems or pearls.

LICENSE FEE: PAWNBROKER \$200/YR & \$5,000 REPORTING FEE/YR JUNK/SECONDHAND DEALER - \$200/YR

A \$500 REPORTING FEE/YR APPLIES TO JUNK/SECONDHAND DEALER'S SELLING PRECIOUS ITEMS.

7. ADULT BUSINESS, ESCORT, MASSAGE THERAPY ESTABLISHMENT

PLEASE ALSO SUBMIT WITH THIS APPLICATION THE FOLLOWING FOR APPLICANT, OPERATORS AND/OR EMPLOYEES:

- a. ***Names you have used in the last 5 years other than what is listed under "applicant".***

- b. *Copy of driver's license*
- c. *Copy of a government photo ID*
- d. *Two portrait photos taken within the last 6 months*
- e. *Copy of AZ massage license for all therapists*
- f. *Two copies of the floor plan for the establishment*

(Attach additional pages if necessary)

LICENSE FEE: ADULT, ESCORT AND MASSAGE THERAPY ESTABLISHMENT - \$200/YR

8. Temporary Banners, Permanent Signs and Burglar Alarms require a permit. See our website for more information.

9. I HEREBY CERTIFY THAT ALL ANSWERS AND INFORMATION ON THIS APPLICATION ARE TRUE AND CORRECT. ANY FALSE, MISLEADING OR INCOMPLETE INFORMATION CONSTITUTES GROUNDS FOR DENIAL OF THIS LICENSE.

Signature _____ Date _____

Printed Name _____



Development Services

Department

90 E. Civic Center Dr.

Gilbert, AZ 85296

(480) 503-6700-Phone

(480) 497-4923-Fax

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WASTEWATER QUESTIONNAIRE

THIS MUST BE COMPLETED IF YOUR BUSINESS IS LOCATED IN GILBERT

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 Gilbert 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 use or store any pesticides, organic chemicals, paints, wastes, radioactive substances, solvents, liquid wastes, bases, acids, or otherwise hazardous materials on the premises? 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 IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Printed Name _____ Title _____