

CAREFREE IN-TOWN BUSINESS LICENSE APPLICATION

Town of Carefree
 Administrative Offices
 8 Sundial Circle
 Carefree, AZ 85377

Make \$40 check payable to: Town of Carefree
 Mail to: PO Box 740
 Carefree, AZ 85377



SECTION I. Business Information										Office Use Only	
DBA (Name on Sign)			Official Business Name				Would like your business listed on the Town's website? <input type="checkbox"/> Yes <input type="checkbox"/> No			Business License # 2024_2025-	
Primary Business Type: (Check One) <input type="checkbox"/> Retail Sales <input type="checkbox"/> Service <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Construction/Contracting <input type="checkbox"/> Commercial Rentals (Attach list of tenant names and contact information) <input type="checkbox"/> Residential Rentals (# of units _____) <input type="checkbox"/> Farmers Market <input type="checkbox"/> Other _____										Application Fee \$40.00 paid CK# _____ CC# _____ Cash _____	
Describe Nature of Business										Receipt #	
# of Employees (including Owner)			State Sales Tax# (TPT) Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>			Contractor's License # (If applicable)				Initials	
APPLICATION PURPOSE: (Check One) <input type="checkbox"/> New Business to Carefree <input type="checkbox"/> License Renewal <input type="checkbox"/> Updating Information										C of O Obtained Date: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Contact Name(s)					Title(s)						
Business Physical Address (no PO Box)				Suite/Apt#		Business Mailing Address (PO Box)				Suite/Apt#	
City		State	Zip Code		City		State	Zip Code			
Business Phone #			CEL Phone # or Additional Phone #								
E-Mail					Business Website						
Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp.-State/Inc. # _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____											
<small>Describe</small>											
SECTION II. Business Premises Status & Landlord/Property Manager Contact Information (if not located in Carefree disregard this section)											
Do you own the property where your business is located? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" – complete the Landlord/Property Manager contact information below:											
Landlord/Property Manager Name					E-Mail Address			(Area Code) Telephone #			
Mailing Address				Suite/Apt#		City		State	Zip Code		
Do you rent a portion of your business premises to someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of other Person/Entity: _____											
SECTION III. Applicant's Certification: I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any taxes due to the State of Arizona. NOTE: Incomplete applications may not be processed.											
Print Name(s)					Signature(s)					Date	

FOR CREDIT CARD PAYMENT Authorization for \$44.00 payment (\$4.00 credit card fee) to the Town of Carefree: Signature _____ Date: _____

CREDIT CARD: CARD NUMBER _____ EXPIRES ____/____/____ CCV# _____ ZIP CODE _____

IF YOU PURCHASE AN EXISTING BUSINESS - BE SURE THE FORMER OWNER HAS PAID ALL SALES TAX. BY LAW, YOU MAY BE LIABLE FOR ANY UNPAID TAX. Revised 02/20/2024

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Business License No. _____

- Building Inspection Fee Paid YES NO
- Suite Improvement YES NO
- Building Permit Submitted YES NO
- Drawings Submitted YES NO
- Plumbing
- Electrical
- HVAC
- Pre-Drywall Nail
- Drywall Nail
- OTHER _____
- FINAL PASS FAIL

DATE /TIME _____ INSPECTOR _____

C of O Issued by: _____

DATE /TIME _____