

OUT OF 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		Date Business Started in Carefree		Business License # 2024_2025-A	
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 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						Comments	
Contact Name(s)			Title(s)				
Business Physical Address (no PO Box)			Suite/Apt#			Business Mailing Address (PO Box)	
City			State	Zip Code		City	
Business Phone #			CEL Phone # or Additional Phone #			State	
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 _____ Describe							
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 II. 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 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 05/03/2022