



City of Peoria • FINANCE DEPARTMENT, Tax & License Section
8401 W. Monroe St. Peoria, AZ 85345

General Business License Application Packet

We wish to welcome you and express our appreciation for your interest in establishing a business within the City of Peoria. We look forward to working with you. If you have any questions, please feel free to call us at (623) 773-7160. Our Customer Service hours are from 8:00am to 5:00pm Monday through Friday.

Below are some general instructions to help you complete the appropriate forms in order to obtain your license. This guide is intended to provide general information concerning the approval process. This information is a guide and is not intended to be a complete listing of any or all requirements of the Peoria City Code.

What business activities require a license?

Peoria City Code requires that any person or firm conducting business in Peoria shall first obtain a license. This requirement includes businesses within the corporate limits of Peoria or outside the corporate limits which conduct business or perform services within Peoria. Exemption from this requirement includes churches/service organizations engaging in business for a justified nonprofit purpose, certain agricultural operations and newspaper carriers.

Type of License

The City of Peoria classifies businesses into separate categories for licensing purposes and is described as the following types:

Privilege Tax License - Contractor, Sales, Property Rentals, Amusements, Restaurants, Etc.

- Expires December 31st

Occupational License - Professional Services, Accountants, Consulting, Childcare, Massage, Etc.

- Expires December 31st

NOTE: *The following licenses need to meet specific criteria and require additional forms. This type of license also requires a background check to be completed by the City of Peoria Police Department. Each applicant will need to bring a completed fingerprint card, completed application, and receipt of payment to the Peoria Police Department to begin this process. Please call our Customer Service Section at (623) 773-7160 for additional information.

Peddler/Vendor/Solicitor License* - Door to door sales, Hot Dog Carts, Ice Cream Trucks, Solicitation Activities, Etc.

- Expires December 31st

Alarm Agent* - Residential burglar alarm sales and/or installation.

- Expires December 31st

Alarm Business License* - Residential burglar alarm business.

- Expires December 31st

Second Hand Dealer* - Pawnshops, Antiques Dealers, Second Hand Stores, Etc.

- Expires December 31st

To avoid delays in processing your application, please complete all applicable forms and submit fees jointly with your application to:

City of Peoria
Customer Service Dept.
8401 W. Monroe St., Ste. 130
Peoria, AZ 85345



City of Peoria Business License Application

8401 W. Monroe St.
Peoria, AZ 85345
(623) 773-7160

License #

Check any that apply: <input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change	Former Owner (if applicable)	Previous City License #
	Current City License #	Date of Change

APPLICANT USE

Do you sell, store or handle any hazardous materials? Yes* Explain: _____ No

AMOUNT DUE \$ _____

*NOTE: If YES, contact the necessary departments listed in the instruction brochure before proceeding.

SECTION I. BUSINESS INFORMATION

LICENSE FEE TABLE

Business Name (Individual, Company or "DBA", first name first)
Street No. (N,E,S,W) Street Name Ste/Apt #
City State ZIP Code + 4 Area Code Business Telephone #
Start Date in Peoria E-mail address State Tax I.D. # Federal ID #

PRIVILEGE TAX LICENSE = \$70.00 OCCUPATIONAL LICENSE = \$75.00

SECTION II. MAILING ADDRESS & PHONE NUMBER

Enter Name if Different from Section I (above) or Enter 'In-Care-Of' Name
Street No. (N,E,S,W) Street Name Type Ste/Apt #
City State ZIP Code Area Code Telephone #

BUSINESS START DATE IN PEORIA IS MANDATORY

SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership Individual LLC Corp. - State Inc. Gen. Partnership Ltd. Partnership Other _____

BUSINESS START DATE IN PEORIA IS MANDATORY

Owners, Partners, LLC Members, or Officers
(For Additional Names, Please Attach List)

1) Name	Title
Home Address	Social Security #
City State ZIP Code	Phone No. ()
2) Name	Title
Home Address	Social Security #
City State ZIP Code	Phone No. ()

FEES ARE NOT REFUNDABLE

FOR OFFICE USE ONLY

Zoning Approval

Fire Approval

Corporate or LLC Statutory Agent
Name Phone No. ()

Location Where Business Records Are Kept
Name Address Phone No. () City, state, zip

Industrial Waste Approval

Section IV. Business Type

Business Type
 Amusement Construction Contracting Hotel/Motel Manufacturer Restaurant/Bar Retail Sales
 Commercial Rental Residential Rental(s) - Attach List of addresses Use Tax Other _____

Describe Nature of Business
Registrar of Contractors #

Check method you will use in submitting reports: Cash Receipts Accrual # of Employees

Section V. Business Premises Status

Check one:
Do you own your business location? Yes No If yes, Is this your residence? Yes No
If no, complete Landlord/Property Manager information
Landlord/Property Manager Name Address Phone # ()
Do you rent a portion of the business premises to another entity? Yes No

I certify that the statements made in this application are true and complete to the best of my knowledge. I have read and complied with all statutes, ordinances, and other requirements affecting public peace, health, and safety. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the City of Peoria. I understand that license and application fees are non-refundable and that incomplete forms may delay processing.

IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW, YOU MAY BE LIABLE FOR ANY UNPAID TAX.

Print Name	Signature	Title	Date
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APPLICATION AND LICENSE FEES

Each application must include the appropriate licensing fees (see schedule of fees). Application and license fees are nonrefundable. Application, license, late fees and back taxes (if any) must accompany the license application to assure prompt processing.

GENERAL ANNUAL LICENSE FEE SCHEDULE

<u>License Type</u>	<u>Initial Fee</u>	<u>Renewal</u>
Privilege (Sales) Tax	\$70.00	\$50.00
Occupational	\$75.00	\$55.00
Peddler/Vendor/Solicitor	\$167.00	\$147.00
Alarm Agent	\$107.00	\$42.00
Alarm Business	\$252.00	\$92.00
Second-Hand Dealer	\$132.00	\$112.00

*Prior year license and late fees will be assessed for each year of operation without a license. (The license and late licensing fees are retro-active to 1990.)

SECTION I: BUSINESS INFORMATION

Business Name

List business name if using one, if not, list name of the business owner. The business name (or Individual, Company or 'DBA') on this license application should match the business name on the Certificate of Occupancy or Zoning Clearance form.

Property managers applying on behalf of a client should indicate the property owner's name in this section.

Business Location Address

This is your Peoria business location address. Include suite, unit, or apartment numbers. If you do not have a Peoria business location, list your business operation location. Physical addresses are required. Post Office Box numbers are not acceptable for home addresses.

If you are applying for a license for rental activity, the Peoria rental property address is entered in this section. For single-family homes, condos, or townhouses only one license is required per owner. All properties must be listed on a separate sheet.

Business Phone

This phone number listed here should correspond to the Peoria business location unless the application is for real property rental. Please indicate if this number is not published.

Start Date

Provide the date of the first taxable business activity in Peoria. If you are applying for a license due to an ownership change or change of location, the start date is the date of the change.

E-mail Address

Provide the E-mail address for the person who should receive general Peoria Privilege and Use Tax information and online access.

Arizona Tax License # & Federal ID #

Provide your Arizona State transaction privilege tax and Federal Tax Identification numbers.

E-mail Address

Provide the E-mail address for the person who should receive general Peoria Privilege and Use Tax information and online access.

SECTION II: MAILING ADDRESS AND PHONE NUMBER

This section is used for the name, address, phone and fax numbers of the person or business that will be responsible for receiving and preparing the Peoria tax reports. Note: As the business license and tax return mail will be sent to this address, be sure to include suite, unit, or apartment numbers.

SECTION III: BUSINESS OWNERSHIP AND RECORD LOCATION INFORMATION

Ownership

Please indicate the type of ownership. If you mark 'other' please describe.

All corporations must provide: State of incorporation, officers (at least 2), and statutory agent information. An 'LLC' must have at least 1 member. General partnerships must provide the names of the general partner.

Owners/Partners/LLC Members or Officers

List complete owner/officer/partner information as requested. Include names and titles.

Please indicate if phone numbers provided are not published.

Home (not business) addresses are required. Post Office Box numbers are not acceptable for home addresses.

Statutory Agent

The name, address, and phone number of your Statutory Agent is required here. If you have nexus in Arizona, an Arizona agent must be listed.

Records Location

Complete this section if business records are not kept at the location listed in Section II.

SECTION IV: BUSINESS TYPE

Check business type. If "Other" please describe.

Provide a detailed description of business activity. If retail sales, list type of items to be sold; if construction contracting, list type of contracting, etc. Please indicate your Arizona Registrar of Contractors number if you checked construction contracting.

Mark cash receipts if you recognize income and expense based upon the date you receive funds or pay bills. The accrual method would be chosen if you recognize income when earned and expenses when incurred regardless of when cash is received or disbursed.

Please provide the total number of employees you anticipate at your Peoria location.

SECTION V: BUSINESS PREMISES STATUS

Please indicate whether or not you own the business location, address and phone number. If you answer "No," please provide the name of the legal owner or property manager along with their mailing address and phone number.



Zoning Clearance – Business Privilege/Occupational License

Please complete the following section:

Applicant: _____

Address: _____

Phone: _____ Is the property currently vacant? Yes No

Name of Business: _____

Property Address Location: _____

Proposed Use: _____

Are there any improvements planned to the existing property? If yes, please explain.

Signature

Date

Note: If the business is to be operated from a residence, please complete, sign and attach the Home Occupation Statement and Limitations form.

Note: Approval of this form shall not be construed as implied or expressed certification that the premises listed above conforms with the Zoning Ordinance or other adopted City Code. Approval of this form is limited certification that the above-described use is a permitted use within the applicable zoning district. Additional zoning requirements are contained in Chapter 14 of the Peoria City Code (1977 Edition). Further information or clarification can be obtained from the Current Planning Division at 8401 W. Monroe Street, Peoria, Arizona 85345, or telephone: (623) 773-7200.

(Office Use Only – Do Not Write Below Line)

Reference Number: _____ Zoning: _____

Use Approved: _____ Use Denied: _____

Conditions of Approval or Reasons for

Denial: _____



Home Occupation Statement

Answer the questions listed below to provide staff with the information necessary to evaluate the conformance of your proposed business to the Home Occupation requirements listed in the attached affidavit.

1. Business Name: _____
2. Business Address: _____
Phone Number: _____ Day _____ Night
3. Fully describe the proposed home occupation: _____

4. Identify the hours of operation: _____
5. List the general activities which will occur at the above listed address: _____

6. List any items related to the proposed business which will be stored at the listed address including equipment, vehicles and material(s): _____

7. Identify any machinery to be operated from the premise in conjunction with proposed business: _____

8. Will you receive customers, clients or commercial deliveries at the above listed address? If yes, explain the number of deliveries and the number of clients per hour: _____

9. Identify the number of employees (excluding household members) to be employed in your business: _____

- Will any employees report directly to the listed address? If yes, explain: _____

10. Are there any existing or planned building alterations or building additions associated with the Home Occupation? If yes, explain: _____

I hereby certify that the above information is true and correct.

Signature Required _____ Date: _____

Please carefully read the following Home Occupation requirements before signing.



Home Occupation Statement

Section 14-3 Home Occupations

A home occupation is an accessory use of the primary dwelling unit permitted either by-right or by conditional use permit. Home occupations are generally conducted and located such that the average neighbor, under normal circumstances, would not be aware of their existence. The standards set forth in this section of the City of Peoria Zoning Ordinance are intended to ensure compatibility of the home occupation use with the residential character of the neighborhood. The proposed use shall be clearly accessory or incidental to the residential use of the main building to qualify as a home occupation use under this section.

(Please initial at each statement indicating that you have read and understand each of the above requirements.)

A. A Home Occupation where permitted, except for Day Care Group Homes, shall be considered a permitted accessory use when it complies with the following regulations.

1. No changes shall be made which alter the residential appearance of the building. This shall include alterations or additions to the existing building(s) and construction of parking areas or garages in excess of what is common to the surrounding area.

2. No signs shall be allowed advertising a Home Occupation.

3. Home Occupations shall not have exterior display, exterior storage of materials or equipment or other exterior indication of the Home Occupation.

4. The Home Occupation shall not be discernable from beyond the premises, particularly emissions of noise, light, dust, gas, vibration, odor or smoke.

5. The Home Occupation shall not involve more than one (1) business caller or visitor at a time and not more than two visitors per hour, nor commercial deliveries or outside services beyond those normal and incidental to the residential uses in the district.

6. The Home Occupation shall be conducted by a resident or residents of the dwelling unit only. No outside employees shall be employed at the site, and not more than one employee may report to the site for off-site employment.

7. No unusual load shall be placed on power, sewer, water or other utilities as a result of the Home Occupation use.

8. External activity resulting from the Home Occupation shall be limited to the hours between 7:00 a.m. and 10:00 p.m.

9. No more than two (2) commercial vehicles may be parked on the Home Occupation site for personal use, except as provided by the City Code and no storage of commercial vehicles shall be allowed.

10. All Home Occupations shall be subject to the standards contained herein and shall be approved by the City prior to the initiation of any business activity.

11. A valid sales tax and/or business license shall be obtained for the Home Occupation use.

I hereby certify that I have read and understood the above regulations concerning Home Occupations. I agree to comply with them. Further, it is my understanding that failure to comply with the above regulations or complaints received from local residents may cause my license to be revoked.

Signature of Applicant

Date

*****COMPLETE ONLY IF YOUR BUSINESS IS PHYSICALLY LOCATED IN THE CITY OF PEORIA*****

License Number _____

PEORIA POLICE DEPARTMENT RESPONSIBLE PARTY INFORMATION

NAME OF BUSINESS: _____

ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS HOURS: _____

OWNER OR RESPONSIBLE PERSON: _____

HOME PHONE NUMBER: _____

PAGER NUMBER: _____ MOBILE PHONE NUMBER: _____

HOW LONG WILL IT TAKE HIM/HER TO RESPOND TO THE STORE / BUSINESS SITE? _____

ALTERNATE RESPONSIBLE PERSON: _____

HOME PHONE NUMBER: _____

PAGER NUMBER: _____ MOBILE PHONE NUMBER: _____

HOW LONG WILL IT TAKE HIM/HER TO RESPOND TO THE STORE / BUSINESS SITE? _____

NAME OF ALARM COMPANY (IF APPLICABLE): _____

ALARM COMPANIES PHONE NUMBER: _____

TYPE OF ALARM: SILENT _____ AUDIBLE _____ PANIC _____

FIREARMS ON PREMISES: YES _____ NO _____ IF YES, WHAT TYPE: _____

HAZARDOUS MATERIALS PRESENT: YES _____ NO _____ IF YES, WHAT TYPE: _____

OTHER PERTINENT INFORMATION THAT RESPONDING POLICE AND/OR FIRE PERSONNEL SHOULD BE AWARE OF? _____

Feel free to contact the Peoria Police Department if you have any questions at (623) 773-8311
Fax (623) 773-7030

NOTE: This form will become the property of the Peoria Police Department. Please notify the Peoria Police Department of any change in ownership or responsible party information.