

CAREFREE IN-TOWN NEW 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 # 23/24 -		
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)		Contractor's License # (If applicable)			Initials		
APPLICATION PURPOSE: <input type="checkbox"/> New Business to Carefree								Comments		
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 _____ Describe										
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 11/22/2022

CAREFREE IN-TOWN NEW BUSINESS LICENSE INSPECTION



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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 Passed Fail

Date / Time _____ **Inspector** _____

C of O Issued by: _____

Date / Time: _____