



**INSTRUCTIONS FOR COMPLETING THE CITY OF SURPRISE BUSINESS LICENSE APPLICATION**

**Important: You must complete each of the sections below or your Application will be returned unprocessed**

**USE THIS APPLICATION TO:**

- **License a New Business:** A new business with no previous owners
- **Change Ownership:** If acquiring or succeeding to all or part of an existing business or changing the business entity (sole owner to corporation, etc.)
- **License an Existing Business at a New Location:** If business is moving to a different address located within the City of Surprise. If you need to update information recorded on your license account, please provide written notification of the changes including your business name and license account number.

**SECTION A: BUSINESS INFORMATION ( see Page 2)**

1. Enter the **legal business name** of the owner or employing unit (name of corporation as listed in its articles of incorporation, or individual and spouse, or organization owning or controlling the business).
2. Enter the name of the business/**DBA (doing business as)**. If same as #1 above, enter "same."
3. Enter the **physical location** of the business. This can not be a P.O. Box or route number.  
a & b. Enter the square footage in the appropriate spot.
4. Enter the **business telephone number**, including the area code.
5. Enter the **business fax number**, including the area code.
6. Enter the **mailing address** where all correspondence is to be sent. You may use your home address, corporate headquarters, or accounting firm's address, etc.  
a & b Enter the **email address** and **web address** if applicable.
8. Enter the **start date** of business activity in **the City of Surprise**.
9. Enter the **number of employees** at this location
10. Enter the **Federal Employer Identification Number (FEIN)**. The FEIN is required for all employers.
11. Enter the **Social Security Number** of sole proprietors that do not have an FEIN number established.
12. Identify the **ownership** type for the business.
13. Identify the **owners (partners, corporate officers of the business)**. Enter as many as applicable; attach a separate sheet if additional space is needed.
14. Enter the **license/account/file numbers and provide copies of any additional state/county/federally-issued licenses**.

**SECTION B: BUSINESS ACQUISITION INFORMATION (see Page 3)**

1. Enter the date the business was **acquired**.
2. Enter the name of the **Previous Owner(s)**.
3. Enter the former **Business Name**, if different.

**SECTION C: LANDLORD INFORMATION (see Page 3)**

1. Enter the name of your **landlord**.
2. Enter the **mailing address** of your landlord.
3. Enter the **telephone number** of your landlord.
4. Identify if this is a **sublease**.

**SECTION D: BUSINESS TYPE/BUSINESS ACTIVITY/TYPE OF CONTRACTOR (see Page 3)**

1. Describe the major business activity (principal product you manufacture, commodity sold, or services performed). Your description of the business is very important because it determines your license classification and corresponding licensing fee.
2. Check the category that most suits your business. If more than one, please mark all that apply indicating which ones are the primary business functions. Proceed to the section indicated in italics.

**SECTION E: APPLICANT SIGNATURE** The application **must** be signed by a representative of the business. **(see Page 3)**

**PUBLIC SAFETY EMERGENCY CONTACT INFORMATION SHEET** This form will be used for after hour's emergencies. **(see Page 4)**

**SECTION F: SUPPLEMENTAL BUSINESS INFORMATION (see Page 5)**

- F-1 Provide copies of the listed items
- F-2 Identify the quantity of the individual types of machines.
- F-3 Provide a list of required information
- F-4 Provide a summary of the proposed business to include: **hours of operation, activities, machinery that will be used, chemicals that will be used, delivery schedules and times. Sign & date section.**

**Licensing Eligibility Requirement (ARS §41-1080) (see Page 6)** Provide proof of lawful presence in the United States  
**Licensing Eligibility Verification Form Non-Sole Proprietor (see Page 7)** Provide license #, business name, address, sign and date



FINANCE DEPARTMENT  
**ATTN: Business Licensing**  
 16000 N. Civic Center Plaza  
 Surprise, AZ 85374-7470  
 Ph: 623-222-1836  
 Fax: 623-222-1803  
 TTY: 623-222-1002

### APPLICATION FOR CITY BUSINESS LICENSE

**IMPORTANT:** This application must be **approved before** you may lawfully engage in business in the City of Surprise. A separate license is necessary for **each** business location. **AN ASTERISK (\*) INDICATES REQUIRED INFORMATION**

| <b>SECTION A: BUSINESS INFORMATION</b> (Please print legibly or type the information on this application)                            |  |  |                   |
|--|--|--|-------------------|
| 1. Legal Business Name*  |  |  |                   |
| 2. Business or DBA (doing business as) name*   |  |  |                   |
| 3. Physical Location of Business (Street, City, State and Zip Code)* -- do not use a P.O. Box or Route Number                        |  |  |                   |
| 3a. Commercial -                   sq ft*  | 3b. Home Based -                   sq ft*              |  |                   |
| 4. Business Phone Number (This number is made available to the public)   | 5. Business Fax Number                                 |  |                   |
| 6. Mailing Address (Street, City, State and Zip Code)*   |  |  |                   |
| 7a. Email address (if applicable)  | 7b. Web address (if applicable)                        |  |                   |
| 8. Start Date of Business/Activity in Surprise*  | 9. Number of employees at location?*                   |  |                   |
| 10. Federal Employer Identification Number (required for employers and entities other than Sole Proprietors)*                        |  |  |                   |
| 11. Social Security Number (Sole Proprietors)*   |  |  |                   |
| 12. Type of Ownership*   |  |  |                   |
| <input type="checkbox"/> Individual/Sole Proprietorship  | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Association             |                   |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Trust                   |                   |
| <input type="checkbox"/> Limited Liability Company   | <input type="checkbox"/> Sub-Chapter S Corporation     | <input type="checkbox"/> Other (identify): _____ |                   |
| 13. Identification of Owners, Partners, Corporate Officers, Members (or Managing Members)*   |  |  |                   |
| Name (First, MI, Last)*  | Title*   | Complete Residential Address*                    | Telephone Number* |
|  |  |  |                   |
|  |  |  |                   |
|  |  |  |                   |
| 14. Enter the Certificate/License number(s) and <b>provide copies</b> of the following items (if applicable to your business type):* |  |  |                   |
| Arizona Transaction Privilege Tax License  |  | <input type="checkbox"/> Copy                    | License #         |
| Arizona Registrar of Contractors License(s) -- list all issued to the business   |  | <input type="checkbox"/> Copy                    | License #         |
| County Health Certificate(s)   |  | <input type="checkbox"/> Copy                    | License #         |
| Any applicable state-issued professional license(s)  |  | <input type="checkbox"/> Copy                    | License #         |
| Articles of Incorporation/Articles of LLC  |  | <input type="checkbox"/> Copy                    | File #            |
| <b>BELOW FOR OFFICIAL CITY USE ONLY</b>  |  |  |                   |
| <input type="checkbox"/>   | APPROVAL   | Authorized Signature:<br>Date Authorized:        | City License #:   |
| <input type="checkbox"/>   | DISAPPROVAL  |  |                   |

**SECTION B: BUSINESS ACQUISITION INFORMATION** (complete this section if you acquired all or part of an existing business)

1. Date Acquired\*

2. Name(s) of Previous Owner(s)\*

3. Former Name of Business (if different)

If you purchased a business, be sure all taxes and licensing fees have been paid by the former owner(s). You may be liable for any unpaid fees.

**SECTION C: LANDLORD/PROPERTY MANAGEMENT COMPANY INFORMATION** (complete this section if renting property in the City of Surprise)

1. Name\*

2. Address\*

3. Telephone Number\*

4. Is this a sublease?\*  YES  NO

**SECTION D: BUSINESS TYPE/BUSINESS ACTIVITY/TYPE OF CONTRACTOR**

1. Description of Business\*

2. Check all categories that relate to your business and complete any additional sections identified in italics below:\*

|   |  |
|---|--|
| <input type="checkbox"/> Restaurant   | <input type="checkbox"/> Coin Operated Machines/Mechanical Amusement; <i>section F-2</i> |
| <input type="checkbox"/> Retail   | <input type="checkbox"/> Sponsor/Promoter; <i>section F-3</i>                            |
| <input type="checkbox"/> Contractor (General/Sub-contractors);                    | <input type="checkbox"/> Special Event; <i>section F-3</i>                               |
| <input type="checkbox"/> Mobile Vending (Mobile Foodservices); <i>section F-1</i> | <input type="checkbox"/> Professional  |
| <input type="checkbox"/> Home-based Occupations; <i>section F-4</i>               | <input type="checkbox"/> Service   |
| <input type="checkbox"/> Daycare (Commercial/In-Home) <i>section F-4</i>          | <input type="checkbox"/> Non-Profit  |
| <input type="checkbox"/> Assisted Living Facility; <i>section F-4</i>             | <input type="checkbox"/> Other _____   |

**SECTION E: APPLICANT SIGNATURE**

Under penalty of perjury I, the applicant, declare that the information provided on this application is true and correct. This authority is to remain in full force and effect until the City of Surprise has received written termination notification.

Type or Print Name\* \_\_\_\_\_

Date\* \_\_\_\_\_

Signature\* \_\_\_\_\_

Title\* \_\_\_\_\_

**WRITTEN NOTIFICATION IS REQUIRED TO CLOSE A BUSINESS LICENSE ACCOUNT**

**FAILURE TO PAY WILL NOT RESULT IN CLOSURE OF A BUSINESS LICENSE ACCOUNT**



POLICE DEPARTMENT  
Attn: Communications  
14250 West Statler Plaza  
Surprise, AZ 85374-7470  
Ph: (623) 222-4000  
Fax: (623) 222-4001  
TTY: (623) 222-4004

## Public Safety Emergency Contact Information

Dear Business Owner:

In an effort to provide you with better service, we ask that you take a few minutes to complete the following information. This information will be used by the police department, after hours, in the event of a problem at your business. ***The information will remain confidential.***

### Person(s) to contact in case of an emergency. (Preferably 30 minutes or less arrival time.)

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

### Alarm Company Information

Name \_\_\_\_\_ License # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

Thank you for your assistance.

**SECTION F: SUPPLEMENTAL BUSINESS INFORMATION**

**F-1 MOBILE VENDORS (provide copies of the following):**

- Copy of the State Transaction Privilege License (TPT License) - issued by the Arizona Department of Revenue
- Copy of the Maricopa County Health Inspection
- Copy of the Maricopa County Health Certificate/Permit
- Copy of the Vehicle Registration
- License Plate Number(s)
- Copy of the auto Insurance Card/Policy
- Copy of the Certificate of Liability Insurance for the Business
- Signed and Dated Indemnification Agreement

**F-2 COIN OPERATED MACHINES/MECHANICAL AMUSEMENT:**

This includes, but is not limited to, coin operated machines such as vending machines, video games, pinball machines, mechanical-grabbing, jukeboxes, pool tables and all similar type game devices. If your business utilizes these types of machines, please ensure that either you or your vendor is appropriately reporting the following:

|                          |                               |            |
|--------------------------|-------------------------------|------------|
| Number of machines _____ | @ \$20.00 per GAME machine    | = \$ _____ |
| Number of machines _____ | @ \$20.00 per VENDING machine | = \$ _____ |
| Number of machines _____ | @ \$20.00 per JUKE BOX        | = \$ _____ |
| Number of machines _____ | @ \$20.00 per BILLIARD TABLE  | = \$ _____ |

**F-3 SPECIAL EVENTS:**

- Sponsors/Promoters of an event must provide a list that includes their name, their City of Surprise license number, the event name, location of the event, the dates of the event, each vendor's name, vendor type of ownership, vendor type of business, vendor's City of Surprise license number (if applicable), vendor's TPT license number (if applicable), vendor's Department of Health permit number (if applicable), and a description of the goods/services to be provided by the vendor at said event.

**F-4 HOME OCCUPATIONS**

**Home occupations shall be conducted in accordance with Section 122-86 Home Occupation, and all other applicable standards reflected within the Surprise Municipal Code.**

**Description of Use:** Include a summary of the proposed use including any specifics (hours of operation, activities, items used related to the business, machinery used, how many customers are anticipated to come to home, delivery schedules/times).

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

Signature of Applicant:

Date:



**Finance Department**  
**ATTN: Business Licensing**  
 16000 N. Civic Center Plaza  
 Surprise, Arizona 85374-7470  
 Phone: 623-222-1836  
 FAX: 623-222-1803  
 TTY: 623-222-1002

## LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)

|                   |                    |                     |
|-------------------|--------------------|---------------------|
| <b>Last Name:</b> | <b>First Name:</b> | <b>Middle Name:</b> |
|-------------------|--------------------|---------------------|

On May 1, 2008 Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a "licensing eligibility" section (Arizona Revised Statutes § 41-1080) preventing a state/city agency from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law.

To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top).

Failure to complete and submit this form to the above cited address and/or the falsification of any information provided herein shall subject applicant to denial, cancellation, or revocation of the business license. Only provide **one** of the following forms of identification (mark an "X" next to the one you are submitting):

- 1. An Arizona drivers license issued after 1996 or an Arizona non-operating identification license.
- 2. A drivers license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NM, TX, UT, and WA are not acceptable).
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.

This does not apply to an individual, if **all** of the following apply:

- 1. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
- 2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States and or that I am a citizen of a foreign country at the time of application, I reside in a foreign country and all benefits related to the license do not require me to be present in the United States in order to receive those benefits.

\_\_\_\_\_

FULL SIGNATURE OF LICENSEE

\_\_\_\_\_

DATE



**City of Surprise**  
Licensing Eligibility Verification Form  
Non-Sole Proprietor

Complete and return as specified in cover letter to:

City of Surprise  
Finance Department  
Revenue Division  
16000 N. Civic Center Plaza  
Surprise, Arizona 85374-7470

A.R.S. §41-1080 requires as a condition of issuing a business license verification of legal immigration status of the applicant through the production of identification listed in the statute. To satisfy the requirements of A.R.S. §41-1080 in situations where the applicant is not a sole proprietor, you must verify the applicant's compliance with the requirements of A.R.S. §41-4401 (E-Verify).

By completing and signing this form, applicant shall attest that it meets all conditions contained herein. Failure to complete and submit this form on or before the requested date to the above cited address and/or the falsification of any information provided herein shall subject the applicant to revocation of the business license.

|   |        |           |
|---|--------|-----------|
| Business License # (if for a renewal):    |        |           |
| Name (as listed on the business license): |        |           |
| Street Name and Number:                   |        |           |
| City:                                     | State: | Zip Code: |

I hereby attest that the applicant complies with the Federal Immigration and Nationality Act (FINA), all other federal immigration laws and regulations, and A.R.S. §23-214 related to the immigration status of its employees.

|  |  |  |
|--|--|--|
| Signature of Applicant or Authorized Designee: |  |  |
| Printed Name:                                  |  |  |
| Title:   |  |  |
| Date (month/day/year):                         |  |  |