



TOWN OF CAVE CREEK

OFFICE OF THE TOWN CLERK

37622 N. CAVE CREEK ROAD

CAVE CREEK, ARIZONA 85331

FOR QUESTIONS CONTACT TOWN HALL, 480-488-1400

FAX: TOWN HALL 480-488-2263

www.cavecreek.org

APPLICATION FOR BUSINESS LICENSE

Cave Creek Business License No: _____ (Leave Blank, for office use only)

Type of License: <input type="checkbox"/> Annual (Expires 12/31/09) <input type="checkbox"/> Temporary Dates: _____ To: _____ Fee is \$50.00 Fee is \$10.00 per day not to exceed 3 days
Type of Business: <input type="checkbox"/> Contractor <input type="checkbox"/> Retailer <input type="checkbox"/> Service <input type="checkbox"/> Wholesaler <input type="checkbox"/> Manufacturer <input type="checkbox"/> Renter <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Other: _____
Name of Person to Appear on License: (Must be on Application)
Name of Business:
Business Address (Number and Street):
City, State & Zip Code:
Mailing Address if different From Street Address:
Business Telephone Number: Business Email: Business Website:
Transaction Privilege Tax No: (State of Arizona Dept. of Revenue)
Federal Tax ID No (If Applicable):
Date Cave Creek Business License Issued: (For Office Use Only)

I certify that the above information is true and correct. I understand that any license or permit issued or approved pursuant to this application does not authorize any business or activity within the Town of Cave Creek which violate the Town Code or Ordinances of the Town of Cave Creek. Any violation of the Town Code or Ordinance of any license or permit issued hereunder is subject to penalties prescribed by the Town Code.

Printed Signature-Owner, Partner, Officer

Written Signature

Received by: _____

Date: _____

Fee Paid: _____