



CITY OF KINGMAN BUSINESS LICENSE APPLICATION

310 N. 4th St., Kingman, AZ 86401

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PLEASE SEE REVERSE SIDE FOR FEE INFORMATION

In order to receive a Business License, we need information about you and the type of business you wish to operate. This application will be reviewed by City staff and will be verified by phone, internet, public record, or in person. The residence or commercial building listed as the location of the Business License will be inspected for full compliance with all City Codes and Zoning Ordinances. Any code violations on your property or misleading, incomplete, or incorrect information written on this application will result in the delay or denial of your Business License. Applications with missing information cannot be processed, and will be returned to the applicant for completion.

\*\*\*Department Use Only - Do Not Write in this area\*\*\*

New [ ] Location Change [ ]
Late Renew [ ] Information Update [ ]
City [ ] Home Occupation yes [ ]
County [ ] no [ ]

Lic No.: Date: Fee:
Received By: Other:
Receipt No.: Total Due:
Date Available for Inspection:
Contact Phone No.:

Business and/or Trade Name:
Detailed Description of Business and/or Goods and Services Offered:
Marketing Type: (Phone, Door to Door, Mail, Publications, Internet):
Business Headquarters Address:
Business Mailing Address:
Local Business Location:
Phone Number: Email: Website:

VEHICLES USED IN BUSINESS INFORMATION
List State & License No. of Vehicles used for this business:
FOR HOME OCCUPATIONS ONLY
Residence type:
[ ] Manufactured Home [ ] Apartment
[ ] Manufactured Home Park [ ] Single Family Dwelling
[ ] Rural Residential [ ] Duplex/Triplex
Other
Total area allowed for a home occupation is 20% of a home or 300 square feet whichever is less
Building/Home Square Foot: Square Feet used for Business:
Will your business require regular deliveries including FedEx or UPS?
Will people come to your home to obtain product or utilize any service?
Have provisions been made for paved off-street parking?
Will your business use any signs or informational displays?
Are there chemicals, machinery, construction equipment or other specialty item associated with your business?
ATTENTION MOBILE FOOD VENDORS:
Include with your application, a photo of your mobile food unit, as well as a copy of your 'Permit to Operate' issued by the Health Services Department in Mohave County.

GENERAL BUSINESS INFORMATION
Number of Persons Working: Myself Only Additional Employees:
Federal EIN: TPT:
ROC or Other Applicable State License:
Type of Business Organization: LLC [ ]
Sole Proprietor [ ] Partnership [ ]
Profit Corporation [ ] Non Profit [ ]
IDENTIFICATION OF OWNER/APPLICANT
Full Name:
Relationship to Business:
Street Address:
City, State, Zip:
Work Phone:
Cell Phone:
Email:
D.O.B.
Drivers License #: State:
Exp. Date:
CONTROLLING PERSON/DESIGNATED AGENT INFORMATION
Full Name:
Title:
Street Address:
City, State, Zip:
Work Phone:
Cell Phone:
Email:
APPLICANT PERSONAL HISTORY
Have you ever had a license/permit denied, revoked or suspended?
Have you had any criminal convictions within the past 5 years?

I HEREBY CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE COMPLETE AND ACCURATE

Signature:

Date:

**New Business Application Fees**

January 1st - March 31st: \$100.00

April 1st - June 30th: \$75.00

July 1st - September 30th: \$50.00

October 1st - December 31st: \$25.00\*

\*For applications made after October 31st, please include the annual renewal fee, in addition to your application fee, as renewal notices will have already been sent out.

**Annual Renewal Fee**

\$30.00

\*\*\*ALL FEES ARE NON-REFUNDABLE\*\*\*

**Kingman Municipal Code**

**Chapter 8 - Taxation & Licenses Sec. 8-20 Fees**

- (A) The fee for the license shall be established by resolution of the City Council fee schedule.
- (B) Every applicant shall pay the business license fee(s), unless considered a resident religious or charitable organization or resident nonprofit corporation. If considered a nonprofit corporation, a copy of an exemption certificate shall be filed with the Financial Services Director or designee for this exemption to apply.
1. Applicant shall remit a fee with each new application and for each annual renewal period.
  2. Annual renewal fees shall be assessed on a calendar year basis due and payable on or before each December 31.
  3. Fees for new applications shall be prorated on a quarterly basis. Applications received during the period of January 1-March 31 shall pay the full annual fee; those received during the period of April 1-June 30 shall pay three-quarters of the annual fee; those received during the period of July 1-September 30 shall pay one-half the annual fee; and those received during the period of October 1-December 31 shall pay one-fourth of the annual fee.
- (C) Any person who has not remitted the annual renewal fee within thirty (30) days prior to the expiration of the license, the license shall be deemed expired and non-renewable.
- (D) Any person who discontinues business during the period covered by the current license shall not be entitled to any refund of the license fee.