



**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
www.cavecreek.org**

2010 APPLICATION FOR BUSINESS LICENSE

SECTION I	
Type of License: <input type="checkbox"/> Annual (Expires 12/31/10) <input type="checkbox"/> Temporary Dates: _____ To: _____ Fee is \$50.00 Fee is \$10.00 per day not to exceed 3 days	
Special Event/Art Show/etc Name of Event: _____	
Type of Business: (Mark Appropriate) <input type="checkbox"/> Retail <input type="checkbox"/> Artist <input type="checkbox"/> Publication <input type="checkbox"/> Job Printing <input type="checkbox"/> Restaurants and Bars <input type="checkbox"/> Food Vendor <input type="checkbox"/> Amusement <input type="checkbox"/> Personal Property Rental	<input type="checkbox"/> Contractor ROC #: _____ <input type="checkbox"/> Telecommunication Devices <input type="checkbox"/> Ranch/Animal Boarding/Training (horse related non-commercial) <input type="checkbox"/> Horse-related Commercial <input type="checkbox"/> Home Office <input type="checkbox"/> Other - Please describe: _____
SECTION II	
Name of Contact Person to Appear on License: (REQUIRED) _____	
Name of Business _____	
Business Address (Number and Street) _____	
City	State Zip Code
Business Telephone Number _____	
Business Email: _____	
Business Website: _____	
Transaction Privilege Tax # (State of Arizona Dept. of Revenue) OR Federal Tax ID # _____	
SECTION III	
Mailing Address (If different than Section II) _____	

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

FOR OFFICE USE ONLY

Date Received:	_____
Date Processed	_____
Fee Paid:	_____
Cave Creek Business License#	_____

Office and Mailing Address: 37622 N. Cave Creek Rd, Cave Creek, AZ 85331

Telephone: (480) 488-1400 Hours: Monday – Thursday 8:00 am to 4:30 pm CLOSED FRIDAYS

www.cavecreek.org Contact: Teresa Riza – Town Clerk’s Office email: triza@cavecreek.org

Cave Creek Sales Tax is 9.3% to look at sales tax rates go to:

<http://www.azdor.gov/Business/TransactionPrivilegeTax/TPTRates.aspx>

WHO IS REQUIRED TO HAVE A TOWN BUSINESS LICENSE? (See Cave Creek Town Code Chapter 111)

1. Every person desiring to engage or continue to conduct business within the Town boundaries.
2. A copy of the business license must be posted in a viewable location at the place of business.

GENERAL INSTRUCTIONS

(ALL INFORMATION ON THIS APPLICATION IS PUBLIC INFORMATION EXCEPT SOCIAL SECURITY NUMBER)

The application is used for data entry and must be TYPED OR PRINTED IN BLACK/BLUE INK. Return the completed application to the Town of Cave Creek, 37622 N. Cave Creek Rd, Cave Creek, AZ 85331 enclosing the appropriate fee with a check payable to Town of Cave Creek.

Application must be completed, signed and returned with fees to be processed. **Incomplete applications or applications submitted without payment may not be processed and will delay your business activity.** Your license must be obtained and fees fully paid prior to engaging in business. Application processing is quickest over the counter. If you mail in your application and payment give two weeks for it to be processed.

Annual licenses are for the calendar year January 1st to December 31st for \$50.00. Temporary licenses are issued for a maximum of 3 days at \$10.00 per day.

Section I – Business Type

License Type: Please mark Annual or Temporary. If Temporary please indicate SPECIFIC dates.

Business Activity: Check all that apply. Contractors need to include ROC number here.

Special Event: If applicable, please indicate what event you are attending and/or the promoter. For example, Cave Creek Bike Festival, Hidden in the Hills, Fiesta Days, Wild West Days, Dixie Green Promotions, Thieves Market, etc.

Section II – Business Information

Business Name: Business name if using one. If not, list name of business owner or contact person.

Business Address & Phone: Physical address of your business location. NO PO Box or PMB for business location.

E-mail Address: The email address for the person who should receive general Cave Creek information and updates.

Website: Company website if applicable

State Tax License #: www.revenue.state.az.us You must fill out either State Tax License # or Federal ID# (both are acceptable)

Federal ID #: www.irs.gov or Social Security number

Section III – Mailing Address &Phone Number – Complete this area only if the information is different from Section I. This area is for the name of the person and the address to which the business license will be sent.

MISCELLANEOUS INFORMATION

- **A copy of the business license must be posted at all times at your place of business. Keep a copy in all business vehicles if applicable.**
- **Allow at least two weeks of processing time. For last minute or immediate service you need to come into the office and pay over the counter. Please note office hours are Monday thru Thursday, 8:00am to 4:30pm. Payments are not accepted over the phone.**
- **A copy of business license should accompany applications for building permits.**
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