



PLEASE INCLUDE \$25.00 APPLICATION FEE & \$40.00 ANNUAL LICENSE FEE FOR PERMANENT LICENSE

PRIVILEGE LICENSE TAX/BUSINESS LICENSE APPLICATION

(Sales Tax Rate 2.5% Use Tax Rate 1.5%)

PLEASE PRINT OR TYPE

THIS APPLICATION MUST BE FILED BEFORE YOU CAN ENGAGE IN BUSINESS IN THE CITY OF AVONDALE

Check one:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Special event (Sponsored by non-profit organization) \$15.00 a day: maximum of 3 days		For Office Use Only	
	Name of event and dates: _____			App. Fee	
Check one:	<input type="checkbox"/> New Business	Former Owner (if applicable)	Previous City License #	License Fee	
	<input type="checkbox"/> New Owner of Existing Business			License #	
Check any that apply:	<input type="checkbox"/> Name Change Only	Current City License #	Date of Change	SIC Code	
	<input type="checkbox"/> Location Change			Business Class	
SECTION I. BUSINESS INFORMATION					
Business Name (Individual, Company or "DBA", first name first)					
Street No.	(N,E,S,W)	Street Name	Type	Ste/Apt #	
City	State	ZIP Code + 4	Area Code	Business Telephone #	
Start Date	Email address	State License #	Federal ID #	Approvals	
SECTION II. MAILING ADDRESS & PHONE NUMBER					
Enter Name if Different from Section I (above) or Enter "In-Care-Of" Name					
Street No.	(N,E,S,W)	Street Name	Type	Ste/Apt #	
City	State	ZIP Code + 4	Area Code	Telephone #	
SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION					
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. - State Inc. _____ <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____					
Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List) Individuals Must Provide Proof of Legal Residence	1)	Name	Title		
		Home Address	Social Security #		
		City	State	ZIP Code	Phone No. ()
	2)	Name	Title		
		Home Address	Social Security #		
		City	State	ZIP Code	Phone No. ()
Corporate or LLC Statutory Agent	Name	Phone No. ()			
Location Where Business Records Are Kept	Name	Phone No. ()			
	Address	City	State	ZIP Code	
SECTION IV. BUSINESS TYPE					
Business Type	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Amusement <input type="checkbox"/> Construction Contracting <input type="checkbox"/> Use Tax <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Manufacturer <input type="checkbox"/> Commercial Rental <input type="checkbox"/> Residential Rental (# of Units _____) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other _____				
Describe Nature of Business				Contractors #	
Check method you will use in submitting reports: <input type="checkbox"/> Cash Receipts <input type="checkbox"/> Accrual			# of Employees		
SECTION V. BUSINESS PREMISES STATUS					
Check one:	Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, complete Landlord/Property Manager Information				
	Landlord/Property Manager Name	Address	Phone No. ()		
	Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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 and all taxes due by me to the city. Incomplete forms may not be processed. IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER, BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.					
Print Name	Signature	Title	Date		