



TOWN OF JEROME

POST OFFICE BOX 335, JEROME, ARIZONA 86331

(928) 634-7943

www.jerome.az.gov

BUSINESS LICENSE APPLICATION

Business license # _____

Expiration _____

New ☐

Renewal ☐

Date _____ Name of Business _____

AZ TPT # _____ **(CURRENT TPT LICENSE, if applicable, MUST ALSO BE SUBMITTED.)**

TPT license: ☐ CURRENT LICENSE ON FILE ☐ EXEMPT

If your business is subject to a certificate of health or sanitary examination, please include a copy of your current license from Yavapai County Community Health Services. *Where any business activity is subject to a certificate of health or sanitary examination, before commencing operation, the applicant must produce a current license, certificate or permit from Yavapai County Community Health Services. Failure to do so is grounds for revocation or suspension of the license.* **County Health License:** ☐ CURRENT LICENSE ON FILE ☐ EXEMPT

For MOBILE FOOD VENDORS or TOUR BUSINESSES:

Certificate of Insurance: ☐ CURRENT COI ON FILE ☐ EXEMPT

Physical address of business (Not PO Box) _____

Mailing address _____

Business Phone _____ Cell _____ Email _____

***To Schedule Your Inspection, contact the Fire Inspector- Phone: (928) 649-3034 Email: r.hernandez@jeromefd.org**

Type of business _____ Home-based business? YES ☐ NO ☐

Estimated gross annual revenue ☐ \$2,500 - \$10,000 (license fee: \$20) ☐ Over \$10,000 (license fee: \$50)

Business Owner(s) _____

Signature _____ Date _____

By my signature above, I certify, under penalty of law, that the information provided herein is true and correct to the best of my knowledge.

This Licensee acknowledges that to operate the above business in accordance with Section 8-3-1 of the Jerome Town Code, it is subject to Licensee's compliance with all laws, ordinances, regulations, and requirements regarding Licensee's activities, including, but not limited to, zoning regulations, building code requirements, and fire code requirements. Issuance of this license shall not be construed as evidence of Licensee's compliance with such regulations and requirements, and it is the responsibility of the Licensee to assure such compliance prior to commencing business operations.

FOR TOWN USE ONLY

COI Required? Y N Rcvd. _____

DATE APPLICATION SUBMITTED _____ ACCEPTED BY _____ ☐ Caselle ☐ EXSP ☐ HC to IT

☐ \$20 ☐ \$50 ☐ CASH ☐ CREDIT CARD ☐ CHECK # _____ PAYMENT DATE _____

UTILITIES ACCT/CLASSIFICATION _____ Status: ☐ Current ☐ 30 days past due ☐ 30 days+ past due

☐ APPROVED ☐ DENIED _____ Date _____ Called for Inspection Appointment: Y N
Building Inspector

☐ APPROVED ☐ DENIED _____ Date _____ APPT. DATE _____
Fire Inspector

☐ APPROVED ☐ DENIED _____ Date _____ IF DENIED, PLEASE STATE REASON & INITIAL:
Zoning Administrator

☐ APPROVED ☐ DENIED _____ Date _____
Town Manager

NEW EXPIRATION DATE _____ DATE ISSUED _____