



TOWN OF JEROME

POST OFFICE BOX 335, JEROME, ARIZONA 86331
(928) 634-7943 www.jerome.az.gov

Business license # _____

Expiration _____

BUSINESS LICENSE APPLICATION

Date _____ Name of Business _____

AZ TPT # (if applicable) _____ *(A copy of current TPT license is required.)*

TPT license: CURRENT TPT 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

Physical address of business (Not PO Box) _____

Mailing address _____

Business Phone _____ Cell _____ Email address _____

Type of business _____ Home-based business? YES NO

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

Case # _____

DATE APPLICATION SUBMITTED _____ ACCEPTED BY _____ Access 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 _____ [If denied, attach reason for denial.]
Zoning Administrator

APPROVED DENIED _____ Date _____
Fire Inspector

APPROVED DENIED _____ Date _____
Building Official

APPROVED DENIED _____ Date _____
Town Manager

NEW EXPIRATION DATE _____ DATE ISSUED _____ NEXT INSPECTION _____