



# APPLICATION FOR CITY OF SEDONA BUSINESS LICENSE



Please Complete Application and Mail or Deliver with Payment to:

City of Sedona Finance Office

102 Roadrunner Drive

Sedona, AZ 86336

Phone #: (928) 204-7185

Email: [BusinessLicense@sedonaaz.gov](mailto:BusinessLicense@sedonaaz.gov)

PLEASE PRINT INFORMATION LEGIBLY AND COMPLETE ALL SECTIONS. PLEASE KEEP A COPY FOR YOUR RECORDS. Your license may require you to submit proof of certification and/or permit with your payment. Application for a business license shall be accompanied by the non-refundable business license fee, in the initial amount of (see fee schedule) for the first business and \$5.00 for each additional business owned and operated by the same person or entity using the same FEIN at the same location. Separate licenses shall be obtained for each branch establishment or separate location of a business. A business license shall be obtained for every business covered in Sedona City Code Chapter 5.05.

Start Date within the Sedona city limits: \_\_\_ (Required)

Short Term Rental Check Box

Name Change OR Mailing Address Change (\$10 Fee)

Business License Fee: \$50.00

Make Checks Payable to: City of Sedona

Have you applied for your Tenant Occupancy Permit (if located in city limits)

Yes  No

### Section 1. Business Information

Business Name (Legal Name)		Doing Business as Name (DBA Name) if different from legal name	
Physical Address of Business		Tax Parcel Number	
City	State	Zip	
Business Phone		Cell Phone	
E-mail Address	Federal ID #	State of AZ TPT # (see below)	AZ ROC (Contractors) License #

To obtain a State of Arizona TPT License number, go to: [www.aztaxes.gov](http://www.aztaxes.gov) to register and apply for your license. If you already have a State of Arizona TPT License number please add a line for Sedona (SE) to your State of Arizona tax return.

Additional DBA in same physical location with same FEIN# for \$5.00

Short-term rental, vacation rental or transient lodging businesses provide the name and a valid telephone number for a 24-hour emergency contact below:

### Section 2. Mailing Address

If Different from Section 1 (above) enter Business Name, Owner Name or Care-of Name

Mailing Address		
City	State	Zip

### Section 3. Business Ownership & Records Location

Ownership Type:  Sole Proprietor  LLC  Partnership  Corporation - State if Inc. \_\_\_\_\_  Other \_\_\_\_\_

Owners, Partners, Officers, Individuals, or LLC Members.  For any additional names, please attach a list.	Name & Title	Cell Phone#
	Home Address	Phone #
	City, State, Zip	E-mail
	Name & Title	Cell Phone#
	Home Address	Phone #
	City, State, Zip	E-mail
Corporate or LLC Statutory Agent	Name	Phone #

### Section 4. Commercial Rental Business

If you own a Commercial rental property you must remit Transaction Privilege Tax to RDS equal to 3% of the Gross Income derived from such activity.

Total Number of Commercial Rentals: \_\_\_\_\_

Address of Location #1 \_\_\_\_\_

Address of Location #2 \_\_\_\_\_

Address of Location #3 \_\_\_\_\_

Address of Location #4 \_\_\_\_\_

Address of Location #5 \_\_\_\_\_

Address of Location #6 \_\_\_\_\_

**Section 5. Business Type and Premises Status**

Retail Sales  
  Wholesaler  
 Restaurant/Bar   
 Hotel/Motel   
 Construction   
 Manufacturing   
 Office   
 Commercial Rental   
 Short Term Rental

Professional Service (Type) \_\_\_\_\_  
 Other : \_\_\_\_\_  
 Number of Employees: \_\_\_\_\_

Describe the Nature of the Business: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Do you own your Business Location?  Yes  No - Please complete: \_\_\_\_\_

Landlord Name & Address: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

Is this a Home Based Business?    N     Y     May be subject to Home Inspection

If yes was selected above, please review the enclosed Home Occupation Sedona Land Development Code and Initial Here: \_\_\_\_\_

For City Office Use Only			
Form complete and signature		Comm Dev	
Payment included			
Affidavit completed			
Finance UB, TPT, BL approval			

**All areas of the application and accompanying forms must be completed in full, and the Sworn Statement below must be acknowledged.**

By signing below, I am certifying under penalty of perjury that I have provided complete and accurate information on this application and I have not violated and am in compliance with the Sedona City Code, Sedona Land Development Code or the Arizona Revised Statutes and I do not owe the City any delinquent City Transaction Privilege Tax or any other delinquent fees payable to the City pursuant to Sedona City Code or the Land Development Code unless I have entered into a written payment agreement approved by the City relating to payment of any and all outstanding obligations and I am current in making any and all payments required under the terms of such an agreement. I understand issuance of license does not permit business operations unless business is properly zoned, has obtained proper building permits, occupancy certification and/or is in compliance with all applicable laws/rules. By signing this application, I understand that the completion and submission of this form does not guarantee the approval or subsequent issuance of a license to do business. I understand the City may need to request additional information from me concerning my application and hereby mutually agree that the City is allowed to submit supplemental requests for additional information if deemed necessary.

Business Owner's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_