TOWN OF STAR VALLEY

BUSINESS LICENSE APPLICATION

Town of Star Valley
3675 E. Highway 260
Star Valley, AZ 85541
Phone: (928) 472-7752
Fax: (928) 472-7795
www.starvalleyaz.com

Date: _____

Business Name: _____
Business Location: _____
Business Phone: _____ Business Fax: _____
Mailing Address: _____
Business E-mail: _____
Business Description: _____
_____

Type of Business: Sole Prop. _____ LLC _____ Corporation _____ Partnership _____
If incorporated, list state of incorporation and Statutory Agent: _____
_____

State Sales Tax ID: _____ State License #: _____
Owner's Name: _____ Owner's Home Phone: _____
Owner's Social Security or EIN #: _____ Owner's Date of Birth: _____
Owner's Address: _____
Manager's Name: _____ Manager's Phone: _____
Manager's Social Security #: _____ Manager Date of Birth: _____
Manager's Address: _____

_____ _____ _____
Signature Print Name Date

FOR OFFICE USE ONLY

P&Z Review: _____ Date: _____
Police Dept. Review: _____ Date: _____
Fire Dept. Review: _____ Date: _____

Date Paid: _____ Amount Paid: $_____
Check: _____ Cash: _____