



**TOWN OF STAR VALLEY**  
**3675 E. HIGHWAY 260**  
**STAR VALLEY, AZ 85541**  
**PHONE: (928) 472-7752**  
**FAX: (928) 472-7795**  
**EMAIL: echapin@starvalleyaz.com**

## **HOME BASED BUSINESS LICENSE APPLICATION**

**INITIAL FEE: \$50.00**

**YEARLY RENEWAL: \$50.00**

Thank you for choosing to do business within the Town of Star Valley. It is our hope that obtaining a Town of Star Valley Business License is a straightforward process. If you have any questions regarding business licenses, please contact Star Valley Town Hall at (928) 472-7752 for additional information. We are glad that you have chosen the Town of Star Valley and wish you luck with your business venture.

The first page of this handout is a breakdown of how the application process works, along with important contact information for you to keep as a reference. Attached is the Business License Application you will need to fill out and return.

After completing the application, paying the appropriate fee, and approval by the Town Manager the Business License will be issued. Business may not begin officially until the Business License has been obtained. Your business license is good for the calendar year and will expire on December 31<sup>st</sup> of the year it was applied for.

### **Contact Information**

Sanitary & Sewer Questions	Northern Gila County Sanitary District	(928) 472-5034
Food Handling	Gila County Health Department	(928) 474-1210
Liquor License	Arizona Liquor Control Board	(602) 542-5141

Business License #: \_\_\_\_\_  
(For office use only)

\*\*\*PLEASE PRINT CLEARLY\*\*\*

## Home Based Business License Application

### SECTION 1: BUSINESS AND APPLICANT INFORMATION

#### Check All That Apply

New       Existing       Ownership Change       Name Change       Location Change

Business Name: \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Physical Address      Suite      City      State      Zip Code

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Mailing Address (if different from physical)      Suite      City      State      Zip Code

\_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_  
Applicant Name      Applicant Phone      Applicant E-mail

\_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_  
Authorized Contact (if different from applicant)      Authorized Contact Phone      Authorized Contact E-mail

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Business Phone

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell/Alternate Phone

AZ Tax License (TPT) or SS# if Sole Proprietor \_\_\_\_\_ Contractor License (if applicable) \_\_\_\_\_

Type of Business: \_\_\_\_\_

Describe your business AND equipment used in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Handyman Only\*\*\* I acknowledge the limitation for a handyman business not licensed through the State Registrar of Contractors and understand that this application does not authorize a handyman to work on projects that require a building permit or those that exceed \$1,000 valuation total labor and materials.

**Initials** \_\_\_\_\_

**SECTION 2: BUSINESS LOCATION INFORMATION**

For in-town business, where you DO NOT own the property, please complete landlord/property manager information.

\_\_\_\_\_  
Landlord/Property Management Company Name

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone

1. Describe any hazardous substances used or created with the proposed business:  None

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2. Outside activities proposed (check all that apply\*):

None     Equipment Storage     Outside Displays/Sales     Other \_\_\_\_\_

\*Please contact the Town of Star Valley if any outside activities are proposed.

3. How many employees do you anticipate for the business? \_\_\_\_\_

4. Site is currently served by:     Sanitary Sewer     Septic

5. Describe inside and outside water use: \_\_\_\_\_

6. Number of parking spaces provided: \_\_\_\_\_     Paved     Not Paved

7. Modifications (For any modifications, contact the Town of Star Valley for permit/plan submittal requirements)

Interior:     Electrical     Paint     Other \_\_\_\_\_

Plumbing     Framing     None

Exterior:     Lighting     Landscaping     Other \_\_\_\_\_

Paint     Facade Changes     None

8. Signage (Contact the Town of Star Valley for sign permitting requirements)

Yes     No

### SECTION 3: TOWN OF STAR VALLEY AFFIDAVIT

I have reviewed the records of the listed business and I make this affidavit on behalf of the business named on this application.

1. Based upon such review, to the best of my knowledge, information, and belief, all of the above listed business's employees currently working in Star Valley are United States citizens, permanent resident aliens, or persons otherwise lawfully in the U.S.
2. For the purposes of this affidavit, the term 'employee' means all persons for which the above listed business is required to fill out an I-9 form pursuant to Federal Law.
3. Do you have workers compensation insurance? \_\_\_Yes \_\_\_No (Pursuant to Chapter 6 of Title 23 of AZ Revised Statutes.)  
If no, list exemption\_\_\_\_\_
4. Is your business required to have a state license? (doctor, massage, attorney, etc.) \_\_\_Yes \_\_\_No  
If yes, list license number\_\_\_\_\_

Business listed is a Corp, LLC or Partnership; if so, please proceed to signature line at the bottom of this page.

Business listed is a Sole Proprietor; if so, please check one of the boxes below for documentation.

#### ***LICENSING ELIGIBILITY REQUIREMENT – (ARS 41-1080) SOLE PROPRIETORS ONLY***

Before issuing a license to an individual, the individual must present one of the following documents to the Town indicating that the individual's presence in the United States is authorized under federal law:

#### **Check the box next to the document indicating lawful presence and provide a copy.**

- An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- A driver license issued by a state that verifies lawful presence in the United States.
- A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- A United States certificate of birth abroad.
- A United States passport.
- A foreign passport with a United States visa.
- An I-94 form with a photograph.
- A United States citizenship and immigration services employment authorization document or refugee travel document.
- A United States certificate of naturalization.
- A United States certificate of citizenship.
- A tribal certificate of Indian blood.
- A tribal or bureau of Indian affairs affidavit of birth.

**Failure to comply with any Town code can result in revocation of your business license. By your initial you acknowledge and agree to this term.**

\_\_\_\_\_  
**Initials**

\_\_\_\_\_  
**Date**

I understand that a business license must be issued before I can lawfully engage in business in the Town of Star Valley. Pursuant to **A.R.S. § 13-2704**, a person commits unsworn falsification by knowingly making any statement the he/she believes to be false, in regard to material issue, to a public servant in connection with an application for any license and such unsworn falsification is a class 2 misdemeanor. Pursuant to **A.R.S. § 41-1080**, the Town shall not issue a license to an individual if the individual does not provide documentation that his/her presence in the United States is authorized under federal law. By my signature below, I hereby Attest and Certify that the statements and information provided in the application for a license are true and correct and are knowingly made under the penalty provided by **A.R.S. § 13-2704** and have provided documents in compliance with **A.R.S. § 41-1080**.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

*Business Location Zoning:* \_\_\_\_\_ *Staff Initials:* \_\_\_\_\_

*Fire Dept. Inspection:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Staff Notes:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Staff Recommendation:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Date:* \_\_\_\_\_ *Staff Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Approved By:* \_\_\_\_\_