



City of Willcox

FOR OFFICE USE ONLY

Account Number _____

Permit # Renewed _____

Date of Renewal _____

Department of Administration, Office of Finance
101 S. Railroad Avenue, Suite B
Willcox, AZ 85643-2198
(520) 766-4207 Fax (520) 384-2590

RENEWAL APPLICATION FOR 2010 BUSINESS PERMIT - \$12.00

The permit is for the 2010 calendar year, January through December. Please note that the application and payment is due before **02/10/2010**. The permit is required pursuant to Title 4 of the Willcox Municipal Code. **Please complete and return the form with your payment.**

PLEASE COMPLETE ALL FIELDS

Type of Business (check one): Sole Proprietor Corporation Partnership Other

Legal Name of Business _____ State Sales Tax ID# _____

Driver's License/Identification# _____

Trade Name or DBA _____ Owner's Name _____

Physical Location _____

Street Address

City, State, and Zip Code

Mailing Address _____

Street Address

City, State, and Zip Code

Business Phone # _____ Contact Phone or Fax _____

List of officers/owners of the business

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THE RENEWAL

SIGNATURE OF APPLICANT _____ **DATE** _____

Relationship to business (owner, manager, etc.) _____