



**Town of Cave Creek
Marshal's Office
37622 N. Cave Creek Road
Cave Creek, AZ 85331
[480] 488-6636
[480] 488-6638 - FAX**

**BUSINESS LICENSE APPLICATION
PEDDLERS, CANVASSERS, SOLICITORS & TRANSIENT MERCHANTS
Town of Cave Creek, Arizona**

Please fill in **all** blanks applying to your business.
Incomplete applications will not be processed.

Minimum 10-day processing period before license and identification cards issuance.

NAME AND BUSINESS INFORMATION:

_____ **Business Name (Company or Individual DBA) Business Start Date**

_____ **Primary Contact Person** _____ **Title** _____ **Business Phone No.**
_____ **Fed. I.D. Tax #**

_____ **Date of Birth** _____ **Social Security Number**

_____ **State Sales Tax Number (attach copy)**

_____ **Names and Phone Numbers of two people to be contacted in case of emergency:**

_____ **Complete Physical Address where business is based:**

_____ **Mailing Address if different from above**

1) _____ 2) _____ 3) _____

_____ **List 3 Cities/Towns where business has been transacted in the past 90 days.**

_____ **Description of business and goods to be sold**

_____ **Description of vehicle(s) to be used in the course of business (make, model, year)**

Please be specific and include the dates and times:

Length of time the right to do business is desired: From: _____ To: _____
Permit may be issued for up to a three month consecutive time period, with door-to-door solicitation hours of 8:00 a.m. to Dusk only

Please supply **Two Local References** (property owners):

1) _____
Name _____ **Address** _____
Phone Number _____

2) _____
Name _____ **Address** _____
Phone Number _____

Have you or any person on the job been convicted of **any crime, misdemeanor, or municipal law?** _____ **Yes** _____ **No**

If so, state the name of the person, the nature of the offense and the penalty or punishment assessed therefore:

Are you proposing to sell **edible foodstuffs?** _____ **Yes** _____ **No** If yes, attach a copy of your **Maricopa County health card** or **statement** from a physician licensed in the state of Arizona, dated not more than 10 days prior to the submission of this application, certifying that applicant is free of infectious, contagious or communicable diseases.

OWNERSHIP INFORMATION:

If employed, please supply the following:

<u>Name of Employer</u>	<u>Title</u>	<u>Phone Number</u>		
<u>Street</u>	<u>Suite/Apt. No.</u>	<u>City/Town</u>	<u>State</u>	<u>Zip</u>

****NOTE**** Please attach evidence establishing the exact relationship between the employer and yourself.

Complete as applicable to the business:

Arizona Sales Tax License # _____ **Food Handler Permit #** _____

Contractors License #: Commercial _____ **Residential** _____ **Renewal Date** _____

Attach copies of any licenses you may have to verify compliance with all Federal and State regulations pertaining to your trade, profession, occupation, or business.

(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.)

"I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE." It is unlawful to go upon any premises whereon a sign bearing the words "no peddlers" or any similar terms are exposed to public view or to remain on

