



City of YUMA

CITY OF YUMA BUSINESS LICENSE APPLICATION
ONE CITY PLAZA / PO BOX 13012
YUMA, ARIZONA 85366-3012
(928) 373-5074
TTY (928) 373-5149



City of YUMA

This application must be filed before you can lawfully engage in business within the City of Yuma. A separate license is necessary for each business location as provided by the Yuma City Code, Title 7. This license is not transferable and shall be valid until owner requests cancellation in writing or revoked by the City License & Tax Division. All business license holders must also comply with the city codes in regards to their operations and facilities. All businesses located in the city must comply with all ordinances, regulations, and requirements affecting public peace, health, and safety. (Last revision April 07)

THIS BOX FOR OFFICE USE ONLY

APPLICATION # _____
NEW APPLICATION _____ CONTROL # _____ DATE RECEIVED _____
LOCATION CHANGE _____ LICENSE # _____ AMOUNT PAID \$ _____
UPDATE INFO _____ 2% # _____ CLASS _____

- 1. BUSINESS NAME (DBA) _____
2. BUSINESS PHONE () _____ E-MAIL _____
3. BUSINESS LOCATION _____ ADDRESS CITY / STATE / ZIP
4. MAILING ADDRESS _____ PO BOX OR ADDRESS CITY / STATE / ZIP
5. DESCRIPTION OF BUSINESS _____
6. ARIZONA TRANSACTION PRIVILEGE LICENSE TAX # _____
7. ARIZONA CONTRACTOR LICENSE # _____
8. DATE BUSINESS WILL BEGIN OR EFFECTIVE DATE OF CHANGE _____
9. IF YOU PURCHASED AN EXISTING BUSINESS, GIVE FORMER OWNER NAME _____

10. TYPE OF OWNERSHIP (CIRCLE ONE) SOLE OWNER / PARTNERSHIP / CORP / LLC
(IF SOLE OWNER, OWNER & SPOUSE, OR PARTNERSHIP, COMPLETE BELOW INFO - CORP / LLC INFO ON NEXT PAGE)

OWNER OR 1ST PARTNER NAME _____
HOME ADDRESS _____ STREET CITY / STATE / ZIP
HOME PHONE # () _____ CELLULAR / OTHER _____
SOCIAL SECURITY # _____ BIRTHDATE _____
DRIVER'S LICENSE # _____ STATE ISSUED _____

ADDITIONAL PARTNER NAME _____
HOME ADDRESS _____ STREET CITY / STATE / ZIP
HOME PHONE # () _____ CELLULAR / OTHER _____
SOCIAL SECURITY # _____ BIRTHDATE _____
DRIVER'S LICENSE # _____ STATE ISSUED _____

CORPORATION OR LIMITED LIABILITY CORPORATION INFORMATION

CORPORATION / LLC NAME _____

CORPORATION / LLC ADDRESS _____

ADDRESS

CITY / STATE / ZIP

PHONE () _____

FEDERAL ID # _____

DATE OF INCORPORATION _____

STATE OF INCORPORATION _____

PRESIDENT / MEMBER _____

DOB _____

HOME ADDRESS _____

ADDRESS

CITY / STATE / ZIP

VICE-PRESIDENT / MEMBER _____

DOB _____

HOME ADDRESS _____

ADDRESS

CITY / STATE / ZIP

SECRETARY / TREASURER _____

DOB _____

HOME ADDRESS _____

ADDRESS

CITY / STATE / ZIP

11. Will alcoholic beverages be served or sold? YES NO

12. Is the business location used as a residence? YES NO

13. **CHEMICALS ON SITE?** YES NO (Customer signature required) _____

14. Has this property been used as a business before? YES NO

Prior business use, if known _____

15. Was building vacant prior to your use? YES HOW LONG? _____ NO

16. Square footage of building used for business? _____

17. Has any remodeling been done recently? YES NO

If yes, describe remodeling done _____

18. How much parking is available for business? Number of spaces _____ Striped or paved? YES NO

19. Do you own or rent/lease the business premises? OWN RENT/LEASE

If you rent or lease the business premises, give owner's name, address, and phone number _____

I swear that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts and failure to pay and renew in a timely manner will subject me to the remedies as prescribed in the Yuma City Code, Title 7. I also agree to comply with all Federal, State, County, and City laws as pertains to this business. I understand that the issuing of the business license will allow city staff to begin performing certain reviews and / or inspections of my business operations and the building(s) in which they reside. I further understand that the issuance of my business license does not waive or release me from complying with all current city codes, including but not limited to: zoning, building, public works and fire. Non-compliance issues may be identified as a result of these reviews and / or inspections. I acknowledge that I may not be allowed to operate my business until all identified issues have been resolved and that I have read and understand the attached portion of this application that summarizes the review and inspection process.

NAME (PRINTED) _____

TITLE _____

SIGNATURE _____

DATE _____

PARTNER NAME _____

TITLE _____

PARTNER SIGNATURE _____

IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA) AND SECTION 504 OF THE REHABILITATION ACT OF 1973, THE CITY OF YUMA DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN THE ADMISSION OF OR ACCESS TO OR TREATMENT OR EMPLOYMENT IN ITS PROGRAMS, ACTIVITIES, OR SERVICES. FOR INFORMATION REGARDING RIGHTS AND PROVISIONS OF THE ADA OR SECTION 504, OR TO REQUEST REASONABLE ACCOMODATIONS FOR PARTICIPATION IN CITY PROGRAMS, ACTIVITIES, OR SERVICES CONTACT: ADA/SECTION 504 COORDINATOR, CITY OF YUMA HUMAN RESOURCES DIVISION, ONE CITY PLAZA, PO BOX 13012, YUMA, AZ 85366-3012 OR CALL 928-373-5127 (TTY 928-373-5149).

BUSINESS NAME _____

BUSINESS ADDRESS _____

(SECTION BELOW FOR OFFICE USE ONLY)

If this business is a restaurant or food service location, you will also need approval from:

() YUMA COUNTY HEALTH DEPARTMENT: 2200 W. 28th Street, Suite 222 (928) 317-4584
(Copy of health license or staff signature on this application required)

HEALTH DEPARTMENT STAFF SIGNATURE _____ DATE: _____

STAFF TITLE _____

DEPARTMENT OF COMMUNITY PLANNING – ZONING REVIEW (928) 373-5175

Change of use or establishment of a new use may require compliance with current parking, sign, landscaping, or other development regulations, per City Of Yuma Zoning Code, chapter 154. Please contact the office if you have questions or need assistance with zoning requirements.

ZONING DISTRICT: AG SR RE R-1 R-2 RMH TR
 PSC B1 B2 IP LI HI HIST AIR MH
 PUD OT AO RVS HP

No change of use Change of use Establishing a new use
 Minor tenant Special event / temporary Itinerant use
 Home occupation Home occupation rules provided

Previous license(s): _____ Expiration date: _____

PLANNING AND ZONING DISAPPROVED FOR THIS USE

PLANNING AND ZONING APPROVED WITH CONDITIONS FOR THIS USE:

Condition 1: The approval of this business license is to designate that the proposed use is located within the correct zoning district. The City of Yuma does not waive any other requirements of the city zoning code that may apply to the property or use. The property, structure and use are subject to all other requirements of chapter 154 of the City of Yuma zoning code.

COMMENTS/CONDITIONS: _____

COMPLETED BY: _____

DATE: _____

**** Important Information ****

****PLEASE MAKE SURE YOU REVIEW AND RETAIN THIS PORTION FOR YOUR RECORDS****

**CITY OF YUMA
BUSINESS LICENSE PROCESSING**

The issuing of a business license triggers a sequence of events within several departments of the City. Depending on your type of business, your approved application might be distributed to:

- * Building Safety
- * Fire Department
- * Planning
- * Risk Management
- * Utilities
- * Water Quality

Staff members from some or all of these departments will review your application and determine if more detailed information, a site visit or an on-site inspection may be needed. If it is determined that any of these situations are required, a representative of the department will contact you to obtain the information they need and to let you know when a certain inspection may need to be performed.

If any issues are identified that do not meet current city code, the staff member will work with you to let you know what needs to be corrected and what options might be available to you. Often times the corrections are minor and do not take long to arrange. If the issue is more complex, such as required remodeling or the structure does not match the use, the staff member will advise you on exactly what needs to be corrected and why.

Staff may suggest that you come in for a *“Pre-Development Meeting.”* This is a meeting where you will be able to meet with City staff members from the appropriate departments who will be able to sit down with you and explain what needs to be done in order for you to begin your operations. This meeting is free of charge and they are held during certain hours Tuesdays and Thursdays.

Contact Us! If at any time you have questions about your business license and the review process, please contact us at the numbers below.

<i>Business License Office</i>	<i>(928) 373-5074</i>
<i>Building Safety Division</i>	<i>(928) 373-5159</i>
<i>Planning and Zoning</i>	<i>(928) 373-5175</i>
<i>Water Quality</i>	<i>(928) 373-4544</i>
<i>Fire Department</i>	<i>(928) 373-4850</i>

While it is not possible to list every type of situation, the following is a list of typical types of inspections and what the representative would be looking for:

Building Safety

- * Determine if the type of building and the occupancy are compatible.
- * Review the existing utility hook-ups and make sure they are up to code.
- * Determine if the business needs permits or plans.

Fire Department

- * Ensure that the Fire code is being met.
- * Determine if any additional fire suppression is needed.

Planning and Zoning

- * Ensure adequate parking for the use.
- * Ensure that landscaping is meets the city code.

Utilities

- * Determine if the building has the appropriate water meter for the use.
- * Obtain a “Wastewater Evaluation” if necessary

Water Quality

- * Ensure pretreatment devices are clean and functioning prior to business opening, such as grease traps and interceptors.
- * Ensure that the City's water system is protected through the backflow program.
- * Determine if the backflow device is the appropriate size for the use and occupancy.



City of YUMA

**City of Yuma
Division of Fire Prevention
One City Plaza, Second Floor
Yuma, Arizona 85364**

**FIRE PREVENTION QUESTIONNAIRE
FOR BUSINESS LICENSE REVIEW**

The Division of Fire Prevention of the Yuma Fire Department is concerned with a number of conditions relating to the operation of your business. One condition is whether or not your business has a fire suppression or alarm system. We do require additional PERMITS for the storage, installation, production, or use of specific occupancies or materials. A PERMIT is issued in order to provide a tracking system of these high-risk operations. See Part II.

PART I

1. Does your business constitute a change in the use of the building you are occupying?
Yes ____ No ____

2. Is there a fire sprinkler system or other automatic suppression system present?
Yes ____ No ____

3. Is there a fire alarm system present in your place of business?
Yes ____ No ____

4. Are there any aboveground or underground fuel storage tanks located on the property.
Yes ____ No ____ If yes, indicate aboveground/underground, fuel type, and capacity.

5. Is the building equipped with a key box?
Yes ____ No ____

Name of applicant _____

Business Address _____

Telephone number _____

PART 2

For permit information, refer to the following list and check all applicable boxes. This will enable us to determine if a PERMIT APPLICATION is required before signing your business license application. Checking a box may not require that you obtain a PERMIT, as quantity limits apply to many of these items and further information may be required. Every effort has been made to avoid duplication of effort by City offices, but due to differences in professional goals some questions may be asked twice. The Fire Department has access to and will use information gathered through other offices but is not limited to this information in scope.

Does/will your business store, sell, operate, use, install, produce, or involve any of the following?

- | | | | |
|-------------------------------|-------|---------------------------------------|-------|
| AEROSOL PRODUCTS | _____ | AIRCRAFT REFUELING VEHICLES | _____ |
| AIRCRAFT REPAIR HANGAR | _____ | AUTOMOBILE WRECKING YARD | _____ |
| BOWLING PIN/ALLEY REFINISHING | _____ | CANDLES/OPEN FLAMES IN AN | |
| CARNIVAL OR FAIR | _____ | ASSEMBLY OCCUPANCY | _____ |
| CELLULOSE NITRATE | _____ | COMBUSTIBLE FIBERS/MATERIALS | _____ |
| COMPRESSED GASES | _____ | DRY CLEANING | _____ |
| CRYOGENS | _____ | EXPLOSIVES/BLASTING AGENTS | _____ |
| DUST PRODUCING OPERATIONS | _____ | FLAMM/COMBUSTIBLE LIQUIDS | _____ |
| FIREWORKS/PYROTECHNICS | _____ | MOTOR VEHICLE REPAIR | _____ |
| FRUIT RIPENING | _____ | HAZARDOUS MATERIALS OR | |
| FUMIGATION OR THERMAL | | HAZARDOUS PRODUCTION MATERIAL | _____ |
| INSECTICIDAL FOGGING | _____ | INTERIOR DISPLAY OF AUTOMOBILES | |
| JUNK YARD | _____ | OR MOTOR DRIVEN EQUIPMENT | _____ |
| LIQUIFIED PETROLEUM GASES | _____ | USE OF A COVERED MALL FOR: | |
| LUMBER YARD | _____ | KIOSKS, BOOTHS, CONCESSIONS, PLACE OF | |
| MAGNESIUM WORKINGS | _____ | ASSEMBLY | _____ |
| MATCHES | _____ | OPEN FLAME OR FLAME DEVICES | _____ |
| OPEN BURNING | _____ | PARADE FLOATS | _____ |
| ORGANIC COATINGS | _____ | RADIOACTIVE MATERIALS | _____ |
| INDUSTRIAL OVENS | _____ | SPRAYING OR DIPPING OPERATIONS | _____ |
| PLACES OF ASSEMBLY | _____ | TIRE RECAPPING | _____ |
| REFRIGERATION EQUIPMENT | _____ | TIRE STORAGE | _____ |
| TENTS, CANOPIES, MEMBRANE | | WELDING AND CUTTING | _____ |
| STRUCTURES | _____ | WASTE MATERIAL HANDLING | _____ |

Failure to disclose the connection of your business to any listed items requiring a permit may lead to the suspension of your business license and legal action.

**YUMA POLICE DEPARTMENT
EMERGENCY CONTACT FOR BUSINESS**

The Yuma Police Department is dedicated to protecting our city's citizens and their property. The information you provide on this form will be used in furtherance of that goal. This information will be retained by our department for your protection. Information you supply is protected and will not be divulged outside of law enforcement.

Notify the Yuma Police Department of any changes at 783-4421 or go to 1500 S. 1st Ave

PLEASE PRINT

BUSINESS NAME: _____

BUSINESS TYPE: _____
(i.e. clothing store, restaurant, convenience store, etc)

BUSINESS ADDRESS: _____ **BUSINESS PHONE** _____

It is necessary that we have local personnel and addresses in case we need someone on scene.

Owner / Manager: _____
Address: _____ **Phone #** _____

Additional Contact: _____
Address: _____ **Phone #** _____

Additional Contact: _____
Address: _____ **Phone #** _____

Alarm Company: _____
Alarm Co. Phone #: _____ **Account #:** _____

Guard Animals on premises? **YES** **NO**

Security Personnel on premises? **YES** **NO**

If yes, are they armed **YES** **NO**

DATED: _____