



FEDERALLY EXEMPT ORGANIZATION REGISTRATION FORM

THIS FORM & SUPPORTING DOCUMENTS MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

SECTION I. Organization Information

Organization Name				
Street #	Direction	Street Name	Type	Suite/ Apt #
City		State		Zip Code + 4
Email Address:		(Area Code) Business Telephone #		

SECTION II. Additional Organization Information, Mailing and Telephone Number

Legal Business Name of Entity or Individual (Enter Name if Different from Section I. above or Enter Care Of Name)				
Street#	Direction	Street Name	Type	Suite/Apt #
City		State		Zip Code + 4
		(Area Code) Business Telephone #		

SECTION III. Ownership & Record Location

Corporate or LLC Statutory Agent	Name	Title	(Area Code) Telephone #
Primary Contact/ Manager	Name	Title	(Area Code) Telephone #

SECTION IV. Federal Exemption Requirements

Marana Town Code Section 9-2-2(B) provides that any organization claiming an exemption from the Town's business licensing requirement shall file a signed statement with the license inspector stating the facts upon which exemption is claimed. The Town will accept a copy of your 501(C) non-profit documentation in lieu of the signed statement.

- Copy of your 501(C) non-profit documentation
- A signed statement to the Town stating the fact upon which exemption is claimed

SECTION V. Certifications

- I certify that I have read and understand the Town of Marana Code Title 9 located at www.maranaaz.gov
- I certify that the statements made in this registration form are true and complete to the best of my knowledge. Incomplete registration forms may not be processed.

Print Name(s)	Signature(s)	Title(s)	Date