



MESSAGE ESTABLISHMENT APPLICATION

A FEE OF \$322 FOR NEW LICENSE, \$122 FOR RENEWAL, MUST ACCOMPANY THIS APPLICATION
PLEASE PRINT OR TYPE

THIS APPLICATION MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

SECTION I. Establishment Information

Legal Business Name of Entity or Individual Name:

Legal Form of Applicant- Check Any That Apply:
 Individual/ Sole Proprietor
 Corp.- State Inc. # _____
 LLC
 Partnership
 Ltd. Partnership
 Other _____

Doing Business As (DBA) , Name on Signage, Name Know to the Public:

Street #	Direction	Street Name	Type	Suite/Apt#
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City	State	Zip Code +4	(Area Code) Business Telephone #
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Days & Hours of Operation	Email Address:
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Services Offered (List all services offered):

SECTION II. Applicant's Information

Applicant Name: First Middle Last

Home Address:	Street #	Direction	Street Name	Type	Suite/Apt#
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City	State	Zip Code +4	(Area Code) Telephone #
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Mailing Address (If Different than above):	Street #	Direction	Street Name	Type	Suite/Apt#
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City	State	Zip Code +4	(Area Code) Telephone #
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Social Security #	Date of Birth:	Birthplace:
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Race:	Sex:	Eye Color:	Weight	Height:	Hair Color:
	<input type="checkbox"/> Male <input type="checkbox"/> Female				

SECTION III. Listing of Controlling Persons

Owners, Partners, LLC Members, or Officers	Name	Title	% Owned
(Any Individual Who Has a 20% or Greater Interest in the Ownership or Earnings of the Business) (For Additional Names, Please Attach List)			



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SECTION IV. List of Managers & Designated Agent (Responsible Party to Receive Town Notices) & Mailing Address

Managers (For Additional Names, Please Attach a List)	Name	Managers License #
Designated Agent (Responsible Party to Receive Town Notices)	Name	Mailing Address:

SECTION V. List of all other Employees

Name:	Position:	License #:	Expiration Date:
Name:	Position:	License #:	Expiration Date:
Name:	Position:	License #:	Expiration Date:
Name:	Position:	License #:	Expiration Date:

SECTION VI. Applicant's Home Address History

Start Date	End Date	Complete Street Address	City, State, Zip

SECTION VI. Applicant's Business, Occupation or Employment History for Past 5 Years

Start Date	End Date	Business Name	Business Address



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Section VII. Background Information

Have you ever been convicted of a felony or misdemeanor, excluding civic traffic offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date	Offense	Location of Conviction	Penalty

Have you ever had a business license suspended, denied or revoked in this or any other state? If yes, list each one below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Date	License Type	State	Reason	Subsequent Business Activity/Occupation

Section IX. Signature & Certification

- I certify that the statements made in this application are true and complete to the best of my knowledge. I accept that the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town of Marana. Incomplete applications may not be processed.
- I certify that I have read and understand the Town of Marana Code Title 9 located at www.maranaaz.gov
- I certify that I have read and understand the ARS Revised Statute 9-495 & 9-834 located at [ARS 9-495](#) & [ARS 9-834](#) www.maranaaz.gov/arsnotice

Printed Name(s)	Signature(s)	Title(s)	Date
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For information required by **ARS 9-836**, please see here: www.maranaaz.gov/business-licenses