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|-------------------------|
| Office Use Only         |
| Date Issued: _____      |
| Business License: _____ |

## Farmer's Market Business License Application

**Please submit a current W9 with application. All forms must be typed.**

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_

Doing Business as (DBA): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Alternative: \_\_\_\_\_

AZ State License No. (Sales tax-TPT) \_\_\_\_\_ EIN\Federal Tax ID: \_\_\_\_\_

Social Security No. (If applicable) \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

P.O. Box, Street Address      Apt. #\ Suite      City, State & Zip Code

Primary Contact Email Address: \_\_\_\_\_

Business Owner(s): \_\_\_\_\_

Type of Business: \_\_\_\_\_

Describe your business and equipment used in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any hazardous substances used or created with the proposed business: N\A

\_\_\_\_\_

\_\_\_\_\_



**TOWN OF PAYSON AFFIDAVIT**

I have reviewed the records of the listed business and I make this affidavit on behalf of the business named on this application.

Based upon such review, to the best of my knowledge, information, and belief, all of the above listed business's employees currently working in Payson are United States citizens, permanent resident aliens, or persons otherwise lawfully in the U.S.

For the purposes of this affidavit, the term 'employee' means all persons for which the above listed business is required to fill out an I9 form pursuant to Federal Law.

Do you have workers compensation insurance? Yes:      No:      (Pursuant to chapter 6 of Title 23 of AZ Revised Statutes.) If no, list exemption: \_\_\_\_\_

\_\_\_\_\_

I understand that a Business Occupancy Permit and a Business License must be issued before I can lawfully engage in business in the Town of Payson. Pursuant to **A.R.S. § 13-2704**, a person commits unsworn falsification by knowingly making any statement that he or she believes to be false, in regard to material issue, to a public servant in connection with an application for any license and such unsworn falsification is a class 2 misdemeanor. Pursuant to **A.R.S. § 41-1080**, the Town shall not issue a license to an individual if the individual does not provide documentation that his or her presence in the United States is authorized under federal law. By my signature below, I hereby Attest and Certify that the statements and information provided in the application for a license are true and correct and are knowingly made under the penalty provided by **A.R.S. § 13-2704** and have provided documents in compliance with **A.R.S. § 41-1080**.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date