

Is the business physically located in the City of Globe?
(Please check One)



- Yes - Located in the City of Globe
- No - Not located in The City of Globe

150 N. Pine Street Globe, AZ 85501 Phone: (928) 425-7146 Ext. 202, Email: licensing@globeaz.gov

BUSINESS LICENSE/REGISTRATION APPLICATION

All information provided is subject to review by Arizona Department of Revenue.

THIS APPLICATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN LEGALLY ENGAGE IN BUSINESS IN THE CITY OF GLOBE. A NON-REFUNDABLE BUSINESS LICENSE PROCESSING FEE IS DUE AT THE TIME OF APPLICATION, UPON APPROVAL OF THE BUSINESS LICENSE THIS FEE SHALL BE APPLIED TO THE NEW LICENSE. BUSINESS LICENSE/REGISTRATIONS ARE NOT TRASFERRIBLE. ALL BUSINESSES LOCATED OR CONDUCTING BUSINESS IN THE CITY OF GLOBE MUST COMPLY WITH ALL CODES, ORDINANCES, REGULATIONS, AND POLICIES AFFECTING PUBLIC, HEALTH AND SAFETY.

PROCESSING OF BUSINESS LICENSE APPLICATIONS ARE 15 WORKING DAYS. FURTHER REQUIREMENTS, IF REQUIRED BY THE CITY WILL FURTHER DELAY PROCESSING TIMES.

CITY OF GLOBE OFFICE USE ONLY		Fee: \$	Form of Citizenship/Legal Residency Provided: <input type="checkbox"/> YES
Date Received:	Check / Cash / CC	Business License #:	Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		ZD - BD - FD - GCHD	
Initials:	Receipt #:	Date Licensed Issued:	Date License Expires:

PLEASE COMPLETE USING INK OR TYPE. INCOMPLETE/ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED/PROCESSED.

Check One: <input type="checkbox"/> New Business. <input type="checkbox"/> New Owner of Existing Business. <input type="checkbox"/> Reinstatement of Cancelled Registration. <input type="checkbox"/> Change of, or Addition to Business <input type="checkbox"/> Business Name Change.	<input type="checkbox"/> License Renewal	Application Date:
		Business Start Date / Date of Change:

SECTION 1. BUSINESS DESCRIPTION			
Business Type	<input type="checkbox"/> Retail Sales <input type="checkbox"/> Restaurant <input type="checkbox"/> Commercial Rentals <input type="checkbox"/> Wholesaler	<input type="checkbox"/> Bar/Pub <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction/Contracting	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Automotive Repair <input type="checkbox"/> Non-Profit-Provide Federal 501(C) (3) <input type="checkbox"/> Other, please list: _____
Describe Nature of Business or Provide Other Address Locations Utilized for Operations (Provide Supplement if Needed):			

SECTION 2. BUSINESS NAME AND LOCATION INFORMATION			
Business Name (and DBA):			
Assessor's Parcel Number (if located in City of Globe):		Zoning District (if located in City of Globe):	
Business Physical Location (Street Address):	City:	State:	Zip:
Business Mailing Address:	City:	State:	Zip:
Business Phone #:	Email Address:		
Federal ID/EIN #:	ADOR Transaction Privilege Tax (TPT) Provide Copy: Globe (GL) must be listed on certificate:	Are you exempt from requiring a TPT? Yes No	
Provide AZ ROC License Number(s) required for Contractors:			
Contact information for renewals:	Contact Person:	Email:	Phone Number:

Does the business location have an alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, an Alarm System Notification form is required.	
Is the business location your personal residence and within Globe City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a Home Occupation supplement is required.	
Does this business occupy an existing tenant space within the City of Globe limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete section 3 below.	
SECTION 3. TENANT OCCUPANCY INFORMATION	
Is this business location: <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Sub-Leased _____ Landlord's Name / Phone: _____	
Will there be remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list ALL remodeling activities: Property Sewer System Type: <input type="checkbox"/> City Sewer <input type="checkbox"/> Septic System	
SECTION 4. COMMERCIAL/RESIDENTIAL RENTAL BUSINESS IN THE CITY OF GLOBE (IF YOU ARE THE LANDLORD)	
Note: Commercial buildings with multiple suites are considered one (1) location. If suites are occupied by varied businesses or independent contractors, each must file an application.	
Total Number of Commercial Rentals: _____	Total Number of Residential Rentals: _____
Type of Rental(s): <input type="checkbox"/> Single Family <input type="checkbox"/> Apartment <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: _____	
Address of Location #1: _____	Address of Location #2: _____
Address of Location #3: _____	Address of Location #4: _____
SECTION 5. APPLICANT INFORMATION (MUST BE COMPLETED FOR THE PERSON SUBMITTING APPLICATION AND SIGNING BELOW - A.R.S. §41-1080)	
Name: _____	Date of Birth: _____
Physical Address (cannot be a PO Box): _____	Driver's License # _____
	State of Issuance: _____
City: _____	State/Zip Code: _____
	Phone Number: _____ ()
The undersigned applicant hereby certifies that he/she understands that issuance of a Business license Registration shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity may be subject. The undersigned applicant hereby certifies that he/she understands that a Zoning, Building, County Health, and Fire Clearance is required before the business may commence and accepts responsibility for obtaining any necessary clearance and other associated permits from the City of Globe. The undersigned applicant hereby certifies that the information provided to the City of Globe in order to obtain a Business Registration License is accurate and complete to the best of his/her knowledge and subject to revocation and certifies that he/she has read and knows the terms and conditions herein and agrees to abide by the same and certifies that the undersigned applicant is lawfully in the United States and provides such documentation as required by law. Inspection and license registration fees are non-refundable.	
Signature: _____	Date: _____

ADDITIONAL INFORMATION

Business license registration fees are valid through January 1st of each calendar year. Business license registrations must be renewed on an annual basis 30 days prior to the expiration date. Business license registration fees are non-refundable.

Failure to obtain a business license registration shall be punishable by a fine not to exceed one thousand dollars (\$1,000) or by imprisonment not to exceed six (6) months in jail, or both such fine and imprisonment.

Municipal Code: Article 4-2 Business alarm systems (if applies), An Alarm Notification form must be completed and returned with the Business License Registration Application. If a system is obtained after the Business License Registration is obtained, the business owner must complete the Alarm System Notification form and return it to the City of Globe. The City of Globe has passed an ordinance updating and adding penalties regarding False Alarms. This action was in response to a very high percentage of false alarms that endanger and diminishes public safety resources. For a full copy of the ordinance (Article 4-2. of the Municipal Code), please visit the City's website at www.globeaz.gov for further information.

Commercial businesses with physical locations within the city of Globe are required to obtain a "C of O" (Certificate of Occupancy) and must be inspected by the Building and Fire Department prior to opening (inspection fees apply). C of O is required when any of the following occur; New Construction, New Business, Major Renovations are Conducted, Change of Business Operations/Use, Change of Ownership or Tenant.

Additionally, those businesses which meet any of the criteria below **REQUIRE** issuance of the following permits by the Community Development Department and/or Gila County Health Department.

- Change of use requires Zoning Clearance/Review
- Businesses located in a residence requires a Home Occupation Permit Supplement.
- New development or Interior/Exterior renovations including structural, mechanical, electrical, plumbing, etc. may require a Building Permit, HPAC approval and/or a Fire Department Permit. Please contact the Building Safety Department.
- All Exterior, including window decals/ signs require a Sign Permit, Banners are for temporary use only and require permits.
- New exterior paint colors or renovations require HPAC approval if located in the city of Globe historical preservation district (HPAC).
- Any establishment as defined in the Gila County Health Ordinance 2023-05



City of Globe
 Licensing Department
 150 N. Pine Street Globe, Arizona 85501
 Email: licensing@globeaz.gov

Licensing Eligibility Requirement Form (ARS § 41-1080)

Effective October 1, 2008, a new law went into effect preventing the City from issuing a license (either new or renewed) to an individual unless the individual has provided the City of Globe with one of the forms of identification listed below. **If your business is incorporated, provide a certificate of good standing.**

To become or remain eligible for a license, complete this form and present one of the forms of identification as listed below to the City of Globe Licensing Department for processing. Please indicate below which form is presented.

	An Arizona driver license issued after 1996 or an Arizona non-operating identification
	A driver license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NM, TX, UT and WA are not acceptable.)
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	An United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	A tribal or Bureau of Indian Affairs affidavit of birth.
	Corporate certificate of good standing

By my signature below, I hereby certify, under penalty of perjury, that I am legally authorized to be present in the United States.

_____ Full Signature of Licensee

_____ Date