Print Form

TOWN OF CAMP VERDE
473 S Main Street #102
Camp Verde, AZ 86322
(928)567-6631

Casual BL #: _____ **Web site: www.cvaz.org**

CASUAL BUSINESS LICENSE

Application date: _____ ☐One Day ☐Two-Day ☐ Three Day Date(s) of Sale:_____

Name of Business: _____

Type of Business: _____

Participating in local Event: _____
Name of event

Location of Business (door to door), etc: _____

Mailing Address (complete):_____
Address Town/City Zip

Telephone #: _____Cell #:_____ Drivers License Number: _____
Must provide copy of ID

Business Owner: _____

All vehicles used: _____
Vehicles & license plates #

Nature of Business: ☐Retail ☐ Service ☐ Food Service ☐ Non-Profit

State Tax Number: _____

Has applicant been convicted of any crime, misdemeanor or violation of any municipal laws and the nature of the offense and the punishment or penalty assessed therefore?
☐ No ☐ Yes (explain)_____

_____

Fee Schedule: $25.00 per day (No Casual Business License shall be issued for a period longer than three consecutive days)

I hereby certify that the statements made herein have been examined by me and are to the best of my belief and knowledge, true and complete.

_____ _____
Signature **Title** **Date**

_____ _____
Signature of Property Owner **Title** **Date**

All operators of booths or vendor displays shall prior to setting up a display area:

1. **Obtain any necessary health or regulatory permits required by law.**
2. **Obtain the written permission of the property owner for the operation.**

NOTICE: The Town shall not permit roadside vending on State right of way without the applicant obtaining written permission from the State first. Issuance of a casual business license does not constitute a waiver of any existing zoning ordinances.

For office use only:
☐ Approved by Town_____Date:_____
☐ Denied by Town _____ Date:_____