



Town of Sahuarita Business License Application

Date Business Began in Sahuarita: _____

Name of Business: _____

Doing Business As: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____ E-Mail: _____

Business Owner's Name: _____ Title: _____

Business Contact Person (if different): _____ Phone Number: _____

Type of Ownership: Corporation Limited Liability Partnership LLC * Sole Proprietorship

***Must complete the attached eligibility form and provide a copy of the applicable I.D. (See page #2 if applicable)**

Home Based Businesses located in the Town of Sahuarita must receive a Home Occupation Permit to receive a business license and must complete the attached Home Occupation Application. (See page #4 if applicable)

Transaction Privilege Tax/License Number: _____ *If you are selling a product or engaging in a service subject to transaction privilege tax, you will most likely need to obtain the state transaction privilege tax (TPT) license from the Arizona Department of Revenue. See <http://www.azdor.gov/Business/TransactionPrivilegeTax.aspx> for more information.*

Contractor's License Numbers (If applicable): ROC: _____ Start Date: _____ Expiration: _____

Business Type (Check one that applies closest to your business type):

- Assisted Living
- Banking/Financial
- Caregiver
- Construction
- Day Care
- Electrician
- Heating/Air
- Home Based/Internet
- Landscaping
- Legal Services
- Lodging
- Manufacturing
- Medical
- Mobile Business
- Pest Control
- Plumbing
- Pools/Spas
- Real Estate
- Restaurant/Bar
- Retail
- Service
- Veterinary
- Other _____

Applications must be submitted in a timely manner in order to avoid a \$100 late fee. Business Licenses must be renewed annually. Incomplete applications cannot be processed and will be returned for complete information.

By checking this box, I certify that the information contained in this application is true and accurate to the best of my knowledge.

Name: _____ DATE: _____

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Amount Paid: \$ _____ Date Received: _____ Cash Check Money Order Check # _____

Date to P&Z: _____ Initials: _____ P&Z Recommendation: Approve Disapproved

Date to Bldg Safety: _____ Initials: _____ Bldg Safety Recommendation: Approve Disapproved

Date Returned to TC: _____ Initials: _____ License Number Issued: _____

Processed by: _____ Date Completed: _____ Eligibility Documents: YES NO ID TYPE: _____

IF YOU ARE A
SOLE PROPRIETOR
THE FOLLOWING FORM MUST BE
SUBMITTED WITH YOUR
BUSINESS LICENSE APPLICATION ALONG
WITH A COPY OF THE REQUESTED ID

(This form does not apply to Corporations, Limited Liability Partnership or LLC's)



Town of Sahuarita
Town Clerk Department

SOLE PROPRIETORSHIPS (ONLY)
LICENSING ELIGIBILITY REQUIREMENT (ARS §41-1080)

FULL NAME:	LAST	FIRST	MIDDLE
Business Address (as shown on license or application)			
City, State and Zip Code			

To become eligible for a license, complete this form, upload a scanned copy showing both sides of your identification.

Only provide **one** of the following forms of identification: (mark an "X" next to the one you are submitting)

Please note this applies to all "individuals" who obtain licenses and not entities such as Corporations and LLC's.

- 1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- 2. 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)
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport.
- 6. A foreign passport with a United States visa.
- 7. A I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.

By checking this box, I certify that the information provided and the copy of the document provided is a true and accurate copy.

Name: _____ DATE: _____

Submit a copy showing both sides of your identification

IF YOU ARE A
HOME BASED BUSINESS
LOCATED IN THE
TOWN OF SAHUARITA

THE FOLLOWING FORMS MUST BE
SUBMITTED WITH YOUR
BUSINESS LICENSE APPLICATION

Home Occupation Guide

Town of Sahuarita

Planning and Building Department



The purpose of this guide is to help you and staff determine the appropriate procedure for review of your proposed home business. Home occupations are classified in two tiers – Class I and Class II. Class I home occupations are approved administratively. Class II home occupations require a Type I Conditional Use Permit (CUP). This is also an administrative process but is designed to allow more intense home occupations while minimizing any potential effects on your neighborhood. As part of the CUP process, staff will provide notice to your neighbors and allow them an opportunity to comment. To help staff determine your review process, please answer the following questions as accurately as possible:

For child care home occupations:

1. Will you provide care to greater than six children unrelated to yourself? Yes No
2. Will more than one nonresident be employed? Yes No

If you answered “yes” to either of these questions, your business, unfortunately, will not be allowed as a home occupation. Staff will be happy to help you explore your options for operation of your proposed business in compliance with Town regulations.

For all other home occupations:

1. Will any portion of your business be conducted outdoors? Yes No
2. Will your business bring more than 5 customers to your home on any given day? Yes No
3. Will your business use more than ¼ of your house’s square footage, or more than 200 square feet of a detached home (casita) or workshop? Yes No
4. Will you have your products on public display at the residence? Yes No
5. Will you be storing any business equipment or materials outdoors? Yes No
6. Will more than one nonresident be employed? Yes No
7. Will your business require you to change the exterior appearance of your home? Yes No
8. Will your business bring unpleasant sounds, vibrations, odors, or traffic or parking congestion to the neighborhood? Yes No
9. Will your business require more than one business-related vehicle, or any vehicle greater than 22 feet in length or 8 feet in height, to be stored on the property? Yes No
10. Will your business generate any toxic or hazardous waste? Yes No

If you answered “yes” to any of questions 1 through 3, your business may be allowed as a Class II Home Occupation, which requires a Type I CUP. Please provide a CUP application along with this home occupation application for further processing.

If you answered “yes” to any of questions 4 through 10, your business, unfortunately, will not be allowed as a home occupation. Staff will be happy to help you explore your options for operation of your proposed business in compliance with Town regulations.

A complete list of standards and restrictions can be found in Sahuarita Town Code 18.09.030.

Town of Sahuarita

Planning & Building Department

375 W. Sahuarita Center Way

Sahuarita, Arizona 85629

Phone: 520 822-8855 Fax: 520 822-8876

www.sahuaritaaz.gov



HOME OCCUPATION APPLICATION

Home Occupation Address:

Business Name:

Applicant Name:

Phone Number:

Occupation Type (i.e., Real Estate Office, etc.):

Property Owner's Name, if different: *(PLEASE NOTE: A letter of consent will be required from the property owner.)*

Applicant's Email Address:

Please describe your business and plan of operation:

FOR STAFF USE ONLY

Zone:

Circle applicable home occupation type: Childcare Class I Class II

Conditions/Comments:

Approved by:

Home Occupation Application
Town of Sahuarita
Planning and Building Department



CONDITIONS FOR HOME OCCUPATION:

Read the following conditions from Sahuarita Town Code 18.09.030. Sign your name in the space provided indicating you understand and agree to all the conditions in conducting your home occupation.

HOME OCCUPATION IS PERMITTED WHEN:

1. The business is a secondary use to the principal dwelling;
2. No public display of stock-in-trade upon the premises;
3. No equipment or material associated with the home occupation uses shall be stored outdoors, with the exception of playground equipment for childcare home occupations;
4. Not more than one nonresident of the premises is employed;
5. There shall be no alteration of the property's exterior residential appearance. The residential character of the dwelling is not changed by the home occupation.
6. The home occupation shall not cause any sustained or unpleasant or unusual vibrations, or noxious fumes or odors, or cause any parking or traffic congestion in the immediate neighborhood;
7. Only one vehicle may be used in connection with the approved home occupation. This vehicle must not exceed 22 feet in length and 8 feet in height, must be parked on private property and stored in a carport or garage or shielded from view from adjoining properties by landscaping, fencing, or other suitable materials;
8. Advertising or identification of the home occupation limited to two (2) square feet which meets required front yard setback of house. No off-site signs are permitted;
9. A customer vehicle may be parked at the home only when its owner is present on the property;
10. A maximum of one Class II home occupation is permitted per address;
11. No toxic or hazardous waste shall be generated by the home occupation;
12. Only normal domestic or household equipment shall be used on the premises in relation to the home occupation;
13. A Class II home occupation shall be required if any portion of the house is used for commercial purposes only;
14. Storage of chemicals determined toxic by Health Department guidelines requires approval by Pima County Health Department.
15. For Class I Home Occupations, except child care:
 - Must be conducted entirely indoors;
 - Shall not have greater than 5 customers on any given day; and
 - Shall use no more than ¼ of the floor area of the main dwelling, or no more than 200 square feet of a detached home (casita) or workshop.

By checking this box, I understand and agree to the conditions of the Home Occupation. Violation of requirements will VOID the Home Occupation approval.

Signature: _____

Date: _____

**Staff recommends that you verify that your business meets state, county,
and HOA requirements, as they may be more restrictive than Town requirements.**