



Town of Sahuarita
Business License Renewal

Please complete the following information (* *indicates a required field*)

*Name of Business: _____

*Business License Number: _____

*Business Phone Number: _____ *E-Mail: _____

If any of your information has changed, please update below:

Business Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Comments (if any):