



# ADDENDUM

## A

### TRANSIENT BUSINESSES



Town of Florence  
 P O Box 2670 / 775 N. Main Street  
 Florence, Arizona 85132

**FOR PAYMENTS BY DEBIT/CREDIT, CALL: 520-868-7624**

For questions, call 520-868-7574 or 520-868-7500  
 TDD: 520-868-7502 email: businesslicenses@florenceaz.gov

### ADDENDUM A – TRANSIENT BUSINESSES

<b>Applicant Name:</b>	
<b>Contact Person:</b>	<b>Phone No.</b>
<b>Business Name:</b>	
<b>Dates you are requesting transient license:</b>	<b>to</b> <b>Total Days:</b>
<b>Physical location from which sales will be made:</b>	
<b>Detailed description of what commodities/services will be offered:</b>	
<input type="checkbox"/> Door-to-door sales <input type="checkbox"/> By appointment only <input type="checkbox"/> Stationary at one location <input type="checkbox"/> Other:	
<i>How will goods be delivered:</i>	

List each person who will be working within the Town. Attach supplemental page if necessary. Two photographs of each employee shall be remitted with application, along with the Legal Arizona Workers Act Form. .

Employee Name	Permanent Address	City, State, Zip	Phone Number	Driver's License # and Issuing State

List all vehicles to be used to conduct business within the Town of Florence.

Year	Make	Model	Color	License Plate # and Issuing State

I certify that the statements made on this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this addendum with the condition that I report timely and pay any and all taxes due by me to the Town of Florence. Incomplete forms will not be processed.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### POLICE DEPARTMENT:

Approved    Disapproved Reason: \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Police Chief or Designee**

#### TOWN CLERK'S OFFICE

**Date forwarded to Police Dept.** \_\_\_\_\_ **Date Returned:** \_\_\_\_\_

**Fee Due: \$** \_\_\_\_\_  Issued Transient License # \_\_\_\_\_ **Date Issued** \_\_\_\_\_

Denied **Date Denial Letter Sent:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Town Clerk or Designee**