



# PEDDLER SUPPLEMENTAL LICENSE APPLICATION

A BUSINESS LICENSE APPLICATION MUST BE COMPLETED IN CONJUNCTION WITH THIS SUPPLEMENTAL APPLICATION,  
A FEE OF \$60 FOR NEW LICENSE & \$22 FINGERPRINTING FEE MUST ACCOMPANY THIS APPLICATION  
PLEASE PRINT OR TYPE

THIS APPLICATION & ADDITIONAL REQUIREMENTS MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

## SECTION I. Applicant Information

Applicants Name:		Last	First	Middle
Date of Birth:		Place of Birth:		
Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Eye Color:	Height:	Weight:
Previous Names by Which You Have Been Known:		Legal business name of entity:		

## SECTION II. Complete permanent home & local addresses of the applicant

Home Address:	Street #	Direction	Street Name	Type	Suite/Apt#
City	State	Zip Code +4	Home Phone Number		
Local Address for Proposed Sales (If Different from Home Address):					
Local Address:	Street #	Direction	Street Name	Type	Suite/Apt#
City	State	Zip Code +4	Home Phone Number		

## SECTION III. If employed, the name and address of the employer (no post office box address will be accepted)

Business Name:					
Business Contact Name:		Business Address:			
City	State	Zip Code +4	Business Phone Number:		

## SECTION IV. The source of supply of goods or property proposed to be sold or for which orders are to be taken, or services to be provided; location of goods or products to be sold; method of delivery

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## SECTION V. A brief description of the nature of business and goods to be sold

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## Section VI. Criminal History (Whether or not the applicant has any felony or misdemeanor convictions other than civil traffic violations)

Have you ever been convicted of a felony or misdemeanor, excluding civil traffic offenses? If yes, list each offense below:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date	Offense	Location of Conviction	Penalty



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## Section VII. The most recent counties, cities, or towns, where applicant carried on business immediately preceding the date of application (If applicable) (For additional addresses please attach list)

Address where business was conducted:	Street #	Direction	Street Name	Type	Suite/Apt#
City	State	Country	Zip Code		

## SECTION IV. Vehicle Description (description of any vehicles, including license number, to be used to conduct business in the Town)

Make	Model	Year	Color	License Plate

A. A municipality shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.

B. Unless specifically authorized, a municipality shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.

C. This section does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes.

D. A municipality shall not request or initiate discussions with a person about waiving that person's rights.

E. This section may be enforced in a private civil action and relief may be awarded against a municipality. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a municipality for a violation of this section.

F. A municipal employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the municipality's adopted personnel policy.

G. This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

## Section IX. Certification

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

I certify that I have read and understand the ARS Revised Statute 9-495 & 9-834 located at [ARS 9-495 & ARS 9-834 maranaaz.gov/arsnotice](#)

I certify that I have read and understand the Town of Marana Code Title 9 located at [www.maranaaz.gov](#)

Printed Name(s)	Signature(s)	Title(s)	Date

For information required by ARS 9-836, please see here: [www.maranaaz.gov/business-licenses](#)



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FOR OFFICE USE ONLY					Initials	Comments
Department./Area Review						
Building	C.O. Permit Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Planning	Sign Permit Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Police				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Finance				<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		