



**STATE OF ARIZONA
DEPARTMENT OF HOUSING**

P.O. BOX 6280
PHOENIX, ARIZONA 85005-6280
(602) 771-1000 FAX: (602) 771-1002

BUSINESS LICENSE RENEWAL FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE NUMBER: _____

DO NOT DESTROY THIS DOCUMENT -- THIS IS YOUR LICENSE RENEWAL FORM. YOUR LICENSE WILL BE RENEWED ONLY WHEN THIS FORM IS FULLY COMPLETED AND RETURNED TO THIS DEPARTMENT WITH THE REQUIRED NONREFUNDABLE FEE. MAKE CHECK PAYABLE TO THE ARIZONA DEPARTMENT OF HOUSING. MAIL THE COMPLETED RENEWAL AND YOUR PAYMENT TO THE P.O. BOX STATED ABOVE.

Your Annual Renewal Certificate EXPIRES on: _____

The yearly renewal fee for your license is: _____

This fee MUST be paid PRIOR to your renewal date or the fee will be 125% of the regular annual fee. No exceptions can be allowed for a LATE RENEWAL

LATE RENEWAL FEE for your license is: _____

All questions listed below MUST be answered either (YES) or (NO). A (YES) answer to any question requires an attached statement giving complete details.

SINCE YOUR LAST RENEWAL:

1. Have you been detained, cited, arrested, indicted or summoned into court for a felony?
YES NO
2. Have you been convicted of a felony which remains a part of your record or, have you been pardoned or had your criminal record expunged? YES NO
3. Has anyone obtained a judgment against you in any civil action, the subject of which involved fraud or misrepresentation? YES NO
4. Has any governmental agency (including this agency) issued a disciplinary action against you or your license? YES NO

The QUALIFYING PARTY MUST sign this document:

SIGNATURE OF QUALIFYING PARTY: _____

PRINTED NAME OF QUALIFYING PARTY: _____

DATE: _____

NOTE: RENEWAL IS YOUR RESPONSIBILITY! IF YOU HAVE HAD A CHANGE OF CITIZENSHIP SINCE YOUR LAST RENEWAL, YOU MUST PROVIDE US WITH PROOF YOU HAVE THE RIGHT TO LIVE AND WORK IN THE UNITED STATES.

For Office Use Only

Receipt # _____

Amount: _____

Check # _____

Received: _____