



**Town of Parker**  
 1314 - 11<sup>th</sup> Street Parker, AZ 85344  
 Phone: (928)669-9265 Fax: (928)669-5247

One Day Permit:  
 (date) \_\_\_\_\_  
**OR**  
 6 Month Permit:  
 July-December  
 January- June

**Vendor Permit Application**

Business Name:	
Address You'll Be Conducting Business At:	
Business Mailing Address:	
Address Where Financial Records Are Kept:	
Business Phone:	Date Business Opened:
Federal Tax ID or SSN:	AZ State Sales Tax #:

**Type of Business:**  Wholesale  Retail  Service Describe: \_\_\_\_\_

**\*Food/Beverage Vendors MUST OBTAIN/PROVIDE "Vendor Health Permit" from La Paz County Health Department\***

Owner Name:	Phone:
Owner Mailing Address:	
Drivers License #:	Issuing State:

By my signature below, I hereby certify, under penalty of perjury, that the information I have provided on this document is true and that I am legally authorized to be present in the United States. Licenses are non-transferable and, once issued, shall be valid until revoked by the Town of Parker; subject to payment of fees, etc. The information provided herein is a public record that may be disclosed by the Town of Parker. Refusal to comply will result in either criminal or civil citation for violation of A.R.S. 13-2704(A). If found responsible, a penalty shall be a fine of \$250.00 for the first offense. If found responsible for a second offense, a fine of at least \$250.00 & ineligibility to obtain a future permit for five(5) years. Each day a violation continues shall be a separate offense punishable as herein described. I certify the facts to be true and correct in accordance with A.R.S. 13-2704.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>*OFFICIAL USE ONLY*</b>	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____	Date: _____

# VENDOR PERMIT

**BUSINESS NAME/TYPE:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

*Approval Signature:* \_\_\_\_\_

