

License	#	
---------	---	--

TOUR COMPANY BUSINESS LICENSE APPLICATION

Name of Business	Flevated	Sedona	Wine	Tours		
AZ TPT License #					on file	
Physical Address of Business	3150_	Huy 89A	Sie	Sedona,	A786336	
Mailing Address	same					
Business Phone 928-707-9	1749 Cell <u>92</u>	8-707-9749	Email <u></u>	sutourse	ogmail.com	
Type of Tours:	Driving	☐ Walking	Bot	:h		
Anyone Operating a Tour Vehicle MUST have a Current Arizona Driver's License						
Estimated gross annual reven				1	O (license fee: \$50)	
Business Owner(s)	× Ward, 1	Rachel Wa	rd			
Signature	Se atach	<u>d</u>	Date _			
By my signature above, I certify, under penalty of law, that the information provided herein is true and correct to the best of my knowledge. This Licensee acknowledges that to operate the above business in accordance with Section 8-5-1 of the Jerome Town Code, it is subject to Licensee's compliance with all laws, ordinances, regulations, and requirements regarding Licensee's activities, including, but not limited to, zoning regulations, building code requirements, and fire code requirements. Issuance of this license shall not be construed as evidence of Licensee's compliance with such regulations and requirements, and it is the responsibility of the Licensee to assure such compliance prior to commencing business operations. Checklist of requirements: The proposed routes of all tours, including a legible map of the Town clearly showing all routes, stopping points, pick-up and drop-off points, and the business's parking area. Comments Comments						
Acceptable evidence of liability insurance naming the Town of Jerome as an additional insured. The minimum limit of liability for each applicable coverage shall be \$1,000,000.00.						
Comments P. Comments Comments						
All documentation must be provided no later than two (2) full weeks before the next Council Meeting.						
Next Council Meeting		Deadlir	ne			

Secondary (Back-up) Council Meeting	Deadline					
Continuance (if applicable)	Deadline					
	COUNCIL DECISION					
☐ Approved ☐ Denied	Date of Council Approval					
If denied, provide comments:						
:						
*						
	For Town Staff Only					
Date application submitted <u>4/3/2023</u> Accepted by □ Access □ Excel □ Scanned						
05	redit Card					
Utilities/Classification	Status: ☐ Current ☐30 days Past Due ☐30+ Days					
Approved Denied	1600 Date 4-25-23					
Zoning Administra	ator					
Approved Denied	Date					
☐ Approved ☐ Denied	Date					
☐ Approved ☐ Denied	Date					
Town Manager						
If denied, reason for denial:						
Date Issued Expiration Date						
*Attach hard copies of all required documents and file in Business License folders.						

