



# TOWN OF JEROME

POST OFFICE BOX 335, JEROME, ARIZONA 86331  
(928) 634-7943 www.jerome.az.gov

## BUSINESS LICENSE APPLICATION

Business license # 25-1187  
Expiration TBD

New

Renewal

Date 9/1/2025 Name of Business US Ghost Adventures LLC

AZ TPT # [REDACTED] **CURRENT TPT LICENSE, if applicable, MUST ALSO BE SUBMITTED.**  
TPT license [REDACTED]

**If your business is subject to a certificate of health or sanitary examination, please include a copy of your current license from Yavapai County Community Health Services.** Where any business activity is subject to a certificate of health or sanitary examination, before commencing operation, the applicant must produce a current license, certificate or permit from Yavapai County Community Health Services. Failure to do so is grounds for revocation or suspension of the license.

County Health License:  CURRENT LICENSE ON FILE  EXEMPT

For MOBILE FOOD VENDORS or TOUR BUSINESSES: Certificate of Insurance:  CURRENT COI ON FILE  EXEMPT

Physical address of business (Not PO Box) 640 Governor Nicholls St, New Orleans, LA 70116

Mailing address 640 Governor Nicholls St, New Orleans, LA 70116

Business Phone (844) 757-5657 Cell \_\_\_\_\_ Email payroll@tourismo.com

**\*To Schedule Your Inspection, contact the Fire Inspector- Phone: (928) 649-3034 Email: r.hernandez@jeromefd.org**

Type of business Walking Tours Home-based business? YES  NO

Estimated gross annual revenue  \$2,500 - \$10,000 (license fee: \$20)  Over \$10,000 (license fee: \$50)

Business Owner(s) Lance Zaal

Signature [Signature] Date 8/31/2025

**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 8-3-1 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.

### FOR TOWN USE ONLY

COI Required:  Y  N Rcvd. 9/8/25

DATE APPLICATION SUBMITTED 9/8/25 ACCEPTED BY KM  Caselle  EXSP  HC to IT  
 \$20  \$50  CASH  CREDIT CARD  CHECK # 49012201 PAYMENT DATE 10/15/25

UTILITIES ACCT/CLASSIFICATION NA - NO location in Jerome Status:  Current  30 days past due  30 days+ past due

APPROVED  DENIED \_\_\_\_\_ Date \_\_\_\_\_ Called for Inspection Appointment: Y N  
Building Inspector

APPROVED  DENIED \_\_\_\_\_ Date \_\_\_\_\_ APPT. DATE \_\_\_\_\_  
Fire Inspector

APPROVED  DENIED \_\_\_\_\_ Date \_\_\_\_\_ IF DENIED, PLEASE STATE REASON & INITIAL:  
Zoning Administrator

APPROVED  DENIED \_\_\_\_\_ Date \_\_\_\_\_  
Town Manager

NEW EXPIRATION DATE TBD DATE ISSUED \_\_\_\_\_

CHECKLIST-TOUR BUSINESS APPLICATION-UPDATED 5/28/2025

This document is a list of information that may need to be included, depending on applicability, with an application for a Jerome Tour Business License. All information must be turned into the Town Clerk at least 2 weeks prior to an upcoming Council Meeting to be placed on the agenda for consideration.

1. A completed Town of Jerome Business License Application.



2. A copy of your current Arizona TPT license.

3. Fee paid to the Town of Jerome for Business License Application (see below).

Estimated gross annual revenue:

\$2,500 - \$10,000 (license fee: \$20)

Over \$10,000 (license fee: \$50)

4. For NEW applicants, 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. For EXISTING Tour companies applying to renew, this only applies if you are adding a NEW tour route, or CHANGING an old one.

Jerome Town Code, Section 8-5-5 'Routes' B. The proposed routes of all tour businesses shall be approved in advance by the Town Council. The submittal seeking approval shall include a legible map of the Town clearly showing all routes, stopping points, pick-up and drop-off points, and the business's parking area.

5. 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.

Jerome Town Code Section 8-5-6 'General Provisions' D. No tour business shall operate within the jurisdiction of the Town of Jerome unless it has first provided 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.

Type of Tours:

Driving

Walking

Both

Anyone Operating a Tour Vehicle MUST have a Current Arizona Driver's License

6. A copy of the State of Arizona license of any driver who will be operating a tour vehicle.

Jerome Town Code, Section 8-5-6 'General Provisions' E. All drivers of tour vehicles shall maintain a current driver's license issued by the State of Arizona. A copy of each driver's license shall be filed by the tour business with the Town prior to that driver operating any tour business vehicle.

RECOMMENDED: Read Jerome Town Code Chapter 8, Section 5 'Tour Business Code,' to familiarize yourself with all ordinances regarding tour businesses. Available to the public at: <https://jerome.az.gov/jerome-town-code>

If you have any questions, please contact the Deputy Clerk at [k.muenz@jerome.as.gov](mailto:k.muenz@jerome.as.gov) or 928-634-7943

# US GHOST ADVENTURES

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**Town of Jerome**  
**PO Box 335**  
**Jerome, AZ 86331**

September 2, 2025

To Whom It May Concern:

Please find enclosed our completed business license application. The \$20 application fee will be remitted separately through Key Bank and is expected to arrive within 7–10 business days.

Should you have any questions, please contact me directly at (617) 386-2042 or payroll@tourismo.com.

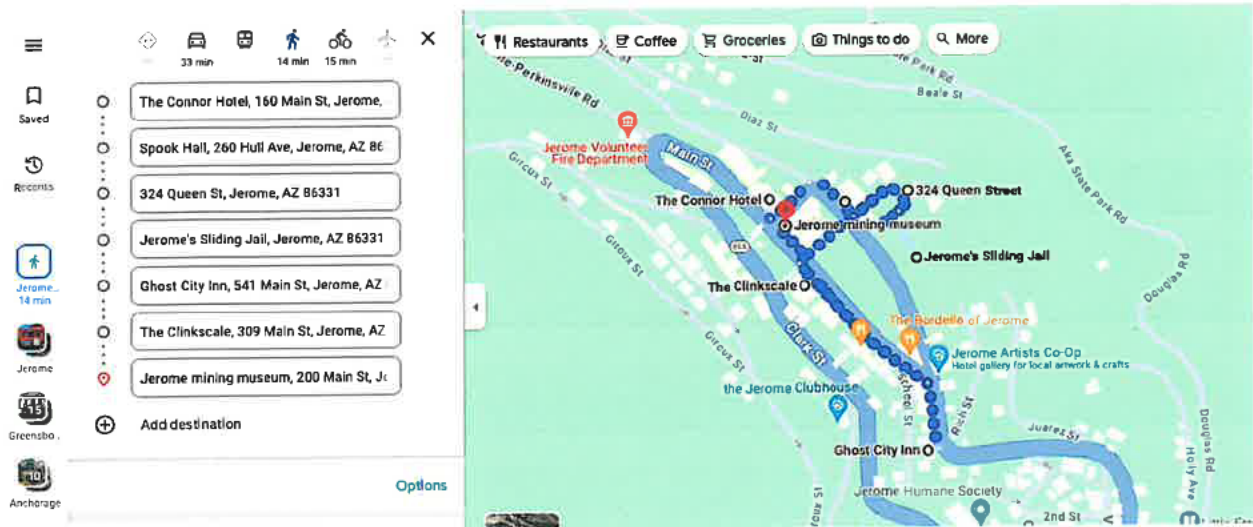
Thank you,



Samantha Sautua  
Human Resource Assistant

# Jerome Ghosts

## Standard Tour



Map Link: <https://maps.app.goo.gl/m7sSGzkeFTGfgkm6>

Distance: 0.6 mile, 7 stops (1 bonus story), 60 minutes

**Meeting Location:** The Connor Hotel, 160 Main St, Jerome, AZ 86331

1. **The Connor Hotel** | 160 Main St ([Photo Op](#))
2. **Spook Hall** | 260 Hull Ave
3. **Cuban Queen Bordello** | 324 Queen St
4. **Jerome's Sliding Jail**
5. **Ghost City Inn** | 541 Main St ([Photo Op](#))
6. **The Clinkscale** | 309 Main St
7. **Jerome Mining Museum** | 200 Main St

[Bonus Story: Old Miners Cemetery](#)

## Extended Tour

Residential Street →

4 min 9 min 4 min

- Grave of Giovanni Bruno, 25 Magnolia Av
- Haunted Hamburger, 410 Clark St, Jeron
- The Surgeon's House, 100 Hill St #998, J
- Jerome Grand Hotel, 200 Hill St, Jerome.

+ Add destination

### Options

Send directions to your phone

via County Rd and Clark St 9 min  
0.4 mile  
Details

Mostly flat



Map Link: <https://maps.app.goo.gl/ypkt6bdZxiQe8jwf7>

Distance: 3 stops, 0.4 miles, 30 minutes

1. **Haunted Hamburger** | 410 Clark St
2. **The Surgeon's House** | 100 Hill St #998
3. **Jerome Grand Hotel** | 200 Hill St



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/02/2025

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

|   |   |  |
|---|---|--|
| <b>PRODUCER</b><br>Next First Insurance Agency, Inc.<br>PO Box 60787<br>Palo Alto, CA 94306 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (855) 222-5919      FAX (A/C, No):<br>E-MAIL ADDRESS: support@nextinsurance.com   |  |
|   | <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b><br>INSURER A : Next Insurance US Company      16285<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |  |
| <b>INSURED</b><br>US Ghost Adventures LLC<br>PO Box 5757<br>Williamsburg, VA 23188          |   |  |

**COVERAGES**      **CERTIFICATE NUMBER: 365288235**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |           |          | NXTT07EVPJ-05-GL | 08/06/2025              | 08/06/2026              | EACH OCCURRENCE \$1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00<br>MED EXP (Any one person) \$15,000.00<br>PERSONAL & ADV INJURY \$1,000,000.00<br>GENERAL AGGREGATE \$2,000,000.00<br>PRODUCTS - COM/OP AGG \$2,000,000.00<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | N/A              |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is Town of Jerome. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

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|---|---|---|
| <b>CERTIFICATE HOLDER</b><br>Town of Jerome<br>PO Box 335<br>Jerome, AZ 86331 | <b>LIVE CERTIFICATE</b><br><br><a href="#">Click or scan to view</a> | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
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