

Town of Oro Valley Realtor License / Solicitation A.R.S. 9-491.01

Section 1: Realtor Information										
Name of Applicant:										
Home Address:										
City:				State:		Zip Code:				
Phone No.:				Email:						
Mailing Address (if different than above):										
Purpose for requesting Realtor License:										
Vehicle Information:	Make: Model:		Year:			Color:				Plate No.:
Section 2: Business Information										
Name of Busin		F			e No.:					
Street Address:			City:				State:		Zip Code:	
Mailing Address (if different than above):										
Business Description:										
AZ Transaction Privilege (Sales) Tax No: Sales Tax Undete Form for Ore Valley filed with State2 Ves. No.										
Az Transaction Privilege (Sales) Tax No. Sales Tax Update Form for Oro Valley filed with State? Yes No Are you licensed in any other municipality or county: Yes No If yes, where:										
How long will you be soliciting/peddling in the Town of Oro Valley:										
What is your position in the company:										
Have you or the business ever had a business license revoked: Yes No If yes, explain:										
Section 3: Realtor's Signature										
I understand that the issuance of an identification badge by the Town of Oro Valley does not necessarily mean that my business has complied with all county, state and federal requirements which may apply to me. I certify that the information contained in this application is true and correct to the best of my knowledge and agree to enter upon any residential premises only between the hours of 9:01 a.m. and 6:59 p.m. I further understand that transfer of this badge or ID Card is absolutely prohibited.										
Applicant's Signature: Date:										
Printed Name:										
Section 6: Approval (For Official Use Only)										
	ona Real Estate	Yes No	Mur	oof of nicipal	Yes	N	In	Date Rec		
License:		165 INU		siness ense	103	11	10	Badge Ex	piration	on Date: