



# ARIZONA DEPARTMENT OF AGRICULTURE PEST MANAGEMENT DIVISION

Physical: 1010 West Washington Street, Phoenix, Arizona 85007  
Mailing: 1802 West Jackson Street, No. 78, Phoenix, Arizona 85007  
(602) 542-3578 FAX (602) 542-0466

<https://agriculture.az.gov>/<https://opm.azda.gov>

## Spousal Transfer of Business License

**Fee Schedule:** No Fee Required

**Business Licensee: (Please print clearly or type)**

From Person Name (Deceased or Disabled Spouse): \_\_\_\_\_

To Person Name (Spouse): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

### **Business Information:**

Business Name: \_\_\_\_\_

Business License #: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Chemical Storage Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

The Spouse to which the business is being transferred is agreeing to fulfill all the responsibilities of a business licensee and to honor all customer contracts and warranties provided by the business. Qualifying Party and Business Licenses expire on May 31<sup>st</sup> of each year except that a new Business License and Qualifying Party registration issued this calendar year shall expire May 31<sup>st</sup> of the following year.

**The above statements are true and correct and I have read and understand the information above. By signing, I agree to fulfill the responsibilities of a business licensee & honor any warranty previously provided by the Business Licensee.**

Signature of Previous Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(\*If spouse is deceased please provide evidence such as a death certificate and no signature will be required.)

Signature of New Owner: \_\_\_\_\_ Date: \_\_\_\_\_