



Arizona Department of Agriculture

Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007

(602) 542-3578 FAX (602) 542-0466

<http://agriculture.az.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 31st of each year except that a new Business License and Qualifying Party registration issued this calendar year shall expire May 31st 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: _____

