



PERMIT NO. ISSUED _____

CITY OF CHANDLER
APPLICATION FOR
SEXUALLY ORIENTED BUSINESS PERMIT
CITY CODE CHAPTER 18

Nonrefundable Application Fee: \$100.00

Fingerprinting Fee: \$22.00 Money Order Only -
Made Payable to "DPS"

Initial Permit Fee:

Jan. - Dec. \$500.00

April - Dec. \$375.00

July - Dec. \$250.00

Oct. - Dec. \$125.00

SECTION 1:

Must be completed by the individual, or if a corporation, LLC, or partnership, by the Primary Applicant who has been designated to act as the responsible managing officer. Applicant must appear in person at the Chandler Police Department for fingerprinting.

A. Business/Trade Name: _____

B. Address of Business: _____

City/State: _____ Zip _____ Phone _____

C. Mailing address (if different than item B): _____

City/State: _____ Zip _____

D. Description of business activities to be conducted: _____

E. Person Applying (Applicant / Primary Applicant: _____

(Applicant if individual owner - Primary Applicant if legal entity is partnership, corporation or LLC)

F. Applicant's current residence address: _____

City/State: _____ Zip _____ Phone _____

(Note - Notice of address change is required within 10 days of any change.)

G. Applicant's previous residence addresses - last 5 years. (Attach additional sheet if necessary.)

Date (from/to) Address City/State/Zip

Three horizontal lines for listing previous residence addresses.

H. Arizona Driver's License No. _____, or Arizona ID No. _____

or Military ID No. _____ Expiration Date: _____

(Picture identification issued by a governmental agency is required.)

I. Applicant's Social Security Number: _____

J. Applicant's Date of Birth: _____ (Must submit proof of age of majority.)

K. Business, Occupation, or Employment History (Last 3 Years):

<u>Date (from/to)</u>	<u>Business Name</u>	<u>Address</u>	<u>City / State / Zip</u>
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L. List any similar licenses / permits currently held or that have been held. State if any have been revoked or suspended.

<u>Type of License</u>	<u>License Number</u>	<u>Issuing Agency</u>	<u>City/State</u>	<u>Dates valid</u>	<u>Revoked/Suspended (Y/N)</u>
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1. If revoked or suspended, provide the details below listing the date(s) and reason(s):

M. Have you, in the last three years, been convicted of a sexual offense described in A.R.S. §§ 13-1401 -- 13-1416, a racketeering offense as defined in A.R.S. § 13-2301.D.4, a prostitution offense described in A.R.S. §§ 13-3201 -- 13-3214, a drug offense described in A.R.S. §§ 13-3401 -- 13-3416, or a sexual exploitation of children offense described in A.R.S. §§ 13-3551 -- 13-3556, or any conviction in another jurisdiction for conduct which if carried out in Arizona would constitute an offense stated in this paragraph?

Yes No

If "yes" provide details (date, place, violation and sentence):

N. Name of the business manager(s)* who will have actual supervisory authority over the operation of the business:

<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Phone</u>
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(Note* Additional license[s] may be required.)

3. Name/Title _____ Social Security # _____
Home Address _____ Zip _____
Drivers License # _____ Date of Birth _____ Interest % _____

Will this person participate directly in decisions relating to the management of this business?

Yes No **If yes, supplement must be completed.**

4. Name/Title _____ Social Security # _____
Home Address _____ Zip _____
Drivers License # _____ Date of Birth _____ Interest % _____

Will this person participate directly in decisions relating to the management of this business?

Yes No **If yes, supplement must be completed.**

**SECTION 3.
Signature / Certification.**

I certify by the signature below that I am the owner or managing officer, partner, or member. I certify that all information presented is true and correct. I agree to submit any changes in this application within 24 hours (1 business day) of such change. I understand that a false swearing or filing of misleading information is a violation of ARS 13-2703, which constitutes a Class 6 felony.

Signature of Applicant

Date

State of Arizona

County of Maricopa

On _____, 20____, _____ personally appeared before me,

_____ who is personally known to me

_____ whose identity I proved on the basis of _____,

_____ whose identity I proved on the oath/affirmation of

_____ a credible witness

to be the signer of the above document and he/she acknowledged that he/she signed it.

Notary Public

FOR OFFICE USE ONLY

MANAGEMENT SERVICES DEPARTMENT/TAX AND LICENSE DIVISION:

Fees paid:_____ Privilege License No.:_____ Certificate of Occupancy:_____

Police Department Clearance _____ Zoning Clearance _____

POLICE DEPARTMENT RECOMMENDATION:

_____Approval _____Denial

_____ Chief of Police (Signature) _____ Date

Reason, if denial:
