

CHANDLER arizona 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	
who has been designa		nsible managing officer.	nership, by the Primary Applicant Applicant must appear in person	
A. Business/Trade Nam	e:			
B. Address of Business				
City/State:	Zip	Phone		
C. Mailing address (if di	fferent than item B):			
City/State:	Zip			
D. Description of busin	ess activities to be condu	cted:		
(Applicant if individ	ual owner – Primary Appl	icant if legal entity is partn	ership, corporation or LLC)	
F. Applicant's current re	sidence address:			
City/State: (Note - Notice of ad	Zip dress change is required	Phone within 10 days of any char	nge.)	
		st 5 years. (Attach addition		
<u>Date (from/to)</u>	<u>Address</u>	<u>City/S</u>	tate/Zip	
H. Arizona Driver's Lice	nse No	, or Arizona ID	No,	
or Military ID No (Picture identification)	Exp on issued by a governmer	biration Date: ntal agency is required.)		
I. Applicant's Social Sec	urity Number:			
J. Applicant's Date of Bi	rth: (M	Must submit proof of age c	of majority.)	

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

-	ses / permits currently hel	d or that have been held. Sta	ate if any have been revoked or
Type of License	License Number Issuing	Agency <u>City/State</u> Date	es valid Revoked/Suspended (Y/N)
	List any similar licens suspended. Type of License	suspended.	

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>

(Note* Additional license[s] may be required.)

O. Floor plan: Attach an accurate, to scale, floor plan of the business premises including a statement of total floor space occupied by the business. The manager's station(s), location where the permit will be posted for public view, overhead lighting fixtures and all locations where patrons are not permitted must be clearly marked. If Adult Services are to be provided the stage(s), barriers and railings should also be shown.

SECTION 2:

To be completed if legal entity is other than an individual.

A. Ow	nership is	a:					
Pa	artnership)	Limited Partnership	Corporation	LLC		
B. Co	rporation,	LLC or P	artnership name:				
C. Ma	iling addr	ess:					
	Street/PO Box City/State Zip						
D. Na	me and a	ddress of	statutory agent:				
St	reet			City/S ^r	tate	Zip	
E. If C	orporatio	n or LLC:	Date of Incorporation		State of Incorpor	ration	
F. Cer	tified copi	ies of the	following documents must	accompany th	is application:		
Pa	artnership	: Certifica	ate of Partnership on file wi	th the Arizona	Office of the Sec	retary of State	
Co	orporatior	n: Articles	of Incorporation (Charter)	on file with the	Arizona Corpor	ation Commission	
LL	.C: Certific	ate of Au	thority on file with the Arizo	ona Corporatio	on Commission		
			r Corporate Officers: ll partners	Corporations –	List all current c	officers or members	
			eet if necessary. (Additiona k as an adult service provid		equired for the b	ousiness manager and any	
1.	1. Name/Title			Social	Social Security #		
Home AddressZip							
						Interest %	
	Will this	s person	participate directly in decisi	ons relating to	the managemei	nt of this business?	
	Yes	No	lf yes, supplement must	be completed	I.		
2. Name/TitleSocial Security #							
Home Address				Zi	p		
	Drivers	License	#	_ Date of Birth	Ir	nterest %	
	Will this person participate directly in decisions relating to the management of this business?					nt of this business?	
	Yes	No	If yes, supplement must	be completed	l.		

3.	Name/Title Social Security #					
	Home Address		Zip			
	Drivers	License #	Date of Birth Interest %			
Will this	Will this person participate directly in decisions relating to the management of this business?					
	Yes	No	If yes, supplement must be completed.			
4. Name/TitleSocial Security #			Social Security #			
	Home A	ddress	Zip			
	Drivers	License #	Date of Birth Interest %			
Will this person participate directly in decisions relating to the management of this business?						
	Yes	No	lf 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 Occupar	ncy:		
Police Departmer	nt Clearance	Zoning Clearance			
POLICE DEPARTMENT RECOMMENDATION:					
Approva	Denial	Chief of Police (Signature)	Date		
Reason, if denial:					