



CITY OF CHANDLER
Tax & License Division

Principle Wagering
Establishment Application

Application Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal	Application Fee	\$200	_____
Sales Tax License No. _____	(Nonrefundable)		
State Liquor License No. _____	License Fee	\$1,200	_____
Period to be Licensed: _____	(Up to 4 tote machines)		
From _____ To _____	Additional totes (each)	\$400	_____
No. of Tote Mach/Windows _____	Late Fee	\$100	_____
	Pro-rate license fee		_____
	(First year only)		
	TOTAL FEES		_____

Business Name _____

DBA _____

Business Address _____
 Street, Suite # _____ Business Phone _____

City, State, Zip _____

Mailing Address _____
 Street, Apt. # _____

City, State, Zip _____

Ownership _____ Sole Owner _____ Partnership _____ Corporation _____ LLC

Managing Agent _____
 Last Name _____ First, Middle _____ Phone _____

Street, Suite # _____

City, State, Zip _____

Name and address of Owner/Officers

(please affix additional list of Officers if applicable)

1. _____
 Last Name _____ First, Middle _____ Title _____

Street, Suite # _____ Phone _____

City, State, Zip _____

2. _____
 Last Name _____ First, Middle _____ Title _____

Street, Suite # _____ Phone _____

City, State, Zip _____

3. _____
 Last Name _____ First, Middle _____ Title _____

Street, Suite # _____ Phone _____

City, State, Zip _____

**If Corporation,
Statutory Agent**

Last Name First, Middle Title

Street, Suite # Phone

City, State, Zip

**Has this business
been licensed in
another state**

____ YES ____ NO If yes, Where? _____

**Has this business
ever had its license
denied, revoked,
suspended, or fined
in this or any other
state**

____ YES ____ NO

EXPLAIN: _____

**Off-track Wagering
Facility Information:**

Business Name

Location

Street, Suite #

City, State, Zip

Owner of Facility

Last Name First, Middle Phone

**Managing Agent
for Facility**

Last Name First, Middle Phone

**The following
must be included
with application**

- ____ Floor Plan of Site
- ____ Vicinity Ownership Map of Site Facility
- ____ Vicinity Ownership Mailing list/labels
- ____ Parking Plan of Site Facility
- ____ Property Diagram of Site Facility
- ____ Description of Off-track Betting Activity

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Note: Changes must be submitted as required by Ordinance. Incomplete applications
will not be processed.
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I certify that the statements made in this application are true and complete to the best of my
knowledge. Intentional omission or falsification of information is sufficient grounds for denial of
the application or later revocation and subject to penalty of law.

Signature

Date