



**CITY OF CHANDLER  
APPLICATION FOR  
SEXUALLY ORIENTED BUSINESS  
MANAGER / SERVICE PROVIDER  
CITY CODE CHAPTER 18**

**Manager**                       **Adult Service Provider**

**Nonrefundable Application Fee:** \$100 \_\_\_\_\_

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

**Initial Permit Fee:**

Jan. – Dec. \$100 \_\_\_\_\_ April – Dec. \$75 \_\_\_\_\_ July – Dec. \$50 \_\_\_\_\_ Oct. – Dec. \$25 \_\_\_\_\_

**Application must be accompanied by passport size photos for identification card.**

**SECTION 1:** Must be completed by the applicant. Applicant must appear in person at the Chandler Police Department for fingerprinting.

1. Name of Person Applying (Applicant): \_\_\_\_\_

2. Applicant's current residence address: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Note - Notice of address change is required within 10 days of any change.)

3. Business/Trade Name: \_\_\_\_\_

4. Address of Business: \_\_\_\_\_

City / State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Applicant's residence addresses (Last 5 Years) (Attach additional sheet if necessary):

<u>Date (from/to)</u>	<u>Address</u>	<u>City/State/Zip</u>

6. True name and any other names, aliases or stage names used in the last 5 years:  
\_\_\_\_\_

7. Arizona Driver's License No. \_\_\_\_\_, or Arizona ID No. \_\_\_\_\_,  
or Military ID No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Picture identification issued by a governmental agency is required.)

8. Applicant's Social Security Number: \_\_\_\_\_

9. Applicant's Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Must submit proof of age of majority.)

10. 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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11. List any similar licenses / permits held; state if any have been revoked or suspended:

<u>Type of License</u>	<u>Issuing Agency</u>	<u>City/State</u>	<u>Dates Valid</u>	<u>Revoked/Suspended (Y/N)</u>
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11a. If revoked or suspended, provide the details below listing the date and reason(s):

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12. 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 [ ]

12a. If "yes" provide details (date, place, violation, and sentence):

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**SECTION 2:  
Signature / Certification.**

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

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**OFFICE USE ONLY**

**POLICE DEPARTMENT:**

\_\_\_\_\_ Approval      \_\_\_\_\_ Denial      \_\_\_\_\_ Date \_\_\_\_\_  
Chief of Police (signature)

Reason, if denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MANAGEMENT SERVICES DEPARTMENT / TAX AND LICENSE DIVISION:**

Fees paid: \_\_\_\_\_ ID Card issued: \_\_\_\_\_

Sexually Oriented Business - Company Permit # (Master Permit): \_\_\_\_\_