



**CITY OF CHANDLER
SUPPLEMENT TO
SEXUALLY ORIENTED BUSINESS
PERMIT APPLICATION**

To be completed by each individual listed in Section 2.,G., of the company application who will participate directly in decisions relating to the management of the sexually oriented business.

Fingerprinting Fee: \$22.00 Money Order Only – Made Payable to “DPS”

SECTION 1:

1. Applicant name: _____

1a. Relationship to the company (partner, corporate officer or member) _____

2. Applicant’s current residence address: _____

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

3. Arizona Driver’s License No. _____, or Arizona ID No. _____,

or Military ID No. _____ Expiration Date: _____
(Picture identification issued by a governmental agency is required.)

4. Applicant’s Date of Birth: ____/____/____ (Must submit proof of age of majority).

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

6. 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 State if any have been revoked or suspended.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>
------------------------	-----------------------	-----------------------	---------------------	--------------------	--------------------------------------

a. If revoked or suspended, provide the details below listing the date(s) and reason(s):

7. 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):

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