



**Planning & Development
Department
ADULT ORIENTED BUSINESS
LICENSE APPLICATION**



Application Fee _____

License Fee _____

Renewal Fee _____

Sheriff Fee _____

License Number _____

SECTION I – Business

Business Name: _____
(individual, partnership, company or "DBA")

Business Location: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SECTION II – Applicant

Name: Last _____ First _____ Middle _____
(individual or if enterprise, an officer or partner)

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name(s) of manager(s) having actual supervisory authority over the operations of the business:

SECTION III - Type of Organization

Individual

Partnership

Enterprise

State of formation of organization: _____ Date of Formation: _____

Statutory Agent: _____
(authorized to receive service of process)

Name of partners(s), Director(s) or other persons participating in decisions relating to managing the organization:

Applicant and each person listed in Section III must complete the information required in the supplemental pages.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE. I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE COUNTY OF MARICOPA, STATE OF ARIZONA, (Signature must be notarized.)

Applicant's Signature: _____

Signed before me this the _____ day of _____, _____ by _____.

Notary Public: _____ My commission expires: _____



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Sheriff Fee: _____	License Number: _____
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1. Legal Name: Last _____ First _____ Middle _____
 Other name(s) for prior 5 years by which applicant has been known (including prior married name(s))

2. Present Residential Address: _____
 City _____ State ____ Zip _____ Phone _____

3. List below any license or permit relating to an adult oriented business or adult service:

Type	Issuing Jurisdiction	Effective Date	Suspended or Revoked		If Yes, Please Explain
			Yes	No	

4. List any stage names which you use: _____

5. Have you had any criminal charges, complaints or indictments in the past three years, which resulted in a conviction or a plea of guilty, or no contest for organized crime, fraud, prostitution, drug or sexual offense?

Yes No If yes, please fill in offense below:

Offense	Where Offense Occurred	Date of Conviction	Court(s) Entered Into

6. Additional information required:
 Written proof of age in the form a birth certificate, current driver's license with picture, or other picture identification document issued by a government agency.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE. I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE COUNTY OF MARICOPA, STATE OF ARIZONA, (Signature must be notarized)

Applicant's Signature: _____

Signed before me this _____ day of _____, _____ by _____.

Notary Public _____ My commission expires: _____



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License Number: _____

Business hours of operation: _____

Please provide the following (to be used for background check):

Height:	Weight:
Eye Color:	Hair Color:
Place of Birth:	Date of Birth:
Age:	Social Security Number:

For office use only

Results of Investigation:

- _____ Approved
- _____ Incomplete – Approve
- _____ Incomplete – Deny
- _____ Deny

The denial recommendation is based upon :

Photo:

Temporary permit issued: _____ # copies – 3

Distribution: 2 – applicant
 1 – Planning and Development

Permanent permit issued: _____ Permit expires: _____