

Business Services
 Office location - 7447 E. Indian School Road, #110
 Scottsdale, AZ 85251
 Telephone - (480) 312-2400
 Web - www.ScottsdaleAZ.gov/licenses



**APPLICATION
 TELETRACK WAGERING
 ESTABLISHMENT LICENSE**

FOR CASHIER USE ONLY	
Application Fee:	_____
License Fee:	_____
Total Due:	_____

 License Number

 Teletracking Ord. (date & initial)

 General Provisions (date & initial)

BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS LOCATION

 BUSINESS NAME (Individual, Company or "DBA", first name first) Area Code Business Telephone No. _____

 STREET NO. (N,E,S,W) STREET NAME Type STE./APT. NUMBER
 (ST.DR.AV.)

 City State ZIP EMAIL: _____

BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

 STREET NO. (N,E,S,W) STREET NAME Type STE./APT. NUMBER
 (ST.DR.AV.)

 City State ZIP Area Code Emergency Number _____

 APPLICANT NAME (Individual or Corporation/Partnership operating business. (first name first)).

EMERGENCY CONTACT PERSON

NAME _____ ADDRESS _____ MOBILE: _____

BUSINESS OWNERSHIP AND RECORDS LOCATION

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION

DATE INCORPORATED ____/____/____
 STATE INCORPORATED _____

CORPORATE STATUTORY AGENT OR AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS:

NAME _____ ADDRESS _____ PHONE: _____

DESCRIBE NATURE OF BUSINESS _____

LIQUOR LICENSE: STATE# _____ SCOTTSDALE# _____

Name(s) of owner(s), partner(s), officer(s), shareholder(s) of 10 % or more, and person(s) who participate in management, control or policy

Legal Name: _____
 Last First Middle Title Date of Birth

Residential Address: _____
 Street City State Zip Telephone Shareholder %

Legal Name: _____
 Last First Middle Title Date of Birth

Residential Address: _____
 Street City State Zip Telephone Shareholder %

Legal Name: _____
Last First Middle Title Date of Birth

Residential Address: _____
Street City State Zip Telephone Shareholder%

(PLEASE USE ADDITIONAL PAPER IF NECESSARY)

CONVICTIONS

Have you or your business ever had any judicial or administrative finding of violation of any law or regulation relating to racing, wagering or gaming in any jurisdiction ? Yes No

If Yes, please give explanation: _____

(please use additional paper if necessary)

Have you or your business ever had any license or permit relating to pari-mutuel betting or teletrack activities revoked or suspended? Yes No

If Yes, please give explanation: _____

(please use additional paper if necessary)

ADDITIONAL INFORMATION REQUIRED

- (1) Written proof of age.
- (2) Proof of a current bar (Series 6) or restaurant (Series 12) liquor license.
- (3) Accurate drawings to scale indicating the floor plan of all buildings on the premises and the precise location of all teletracking facilities and activities.
- (4) Site plan for all buildings and associated parcel lines, including evidence of compliance with Scottsdale Revised Code, Chapter 16, Article XVI, Section 16-501.
- (5) Proof of an agreement between the applicant and each operator for use of the establishment by the operator for teletrack wagering purposes.

ADDITIONAL INFORMATION REQUIRED

- (6) A vicinity ownership map showing and labeling all lots within five hundred (500) feet of the exterior boundaries of the parcel, not including public property or right of way.
- (7) A vicinity ownership list and mailing labels property addressed, containing names and mailing addresses, with correct zip codes, of owners of all parcels shown on the vicinity ownership map..
- (8) A parking plan showing all parking spaces available for the site, and traffic flow patterns.
- (9) A security plan which may include security guards and other appropriate measures for the protection of patrons, employees and the public.
- (10) Proof that a teletrack operator license has been issued or applied for with respect to each operator who will conduct teletrack wagering activities at the establishment.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE, AND 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 CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA.

Date: _____

Applicant Signature



**ACKNOWLEDGMENT of UNDERSTANDING
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # _____

DATE: _____

Business Name _____

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.

Representative / Applicant Name: _____

Representative / Applicant Title: _____

Signature: _____

CSR Initials _____