

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



SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

License Number _____

Fee _____

Sexually Oriented Business Ord.
(date & initial)

General Provisions Ord.
(date & initial)

BUSINESS INFORMATION

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 _____

City _____

State _____

ZIP _____

EMAIL: _____

APPLICANT INFORMATION

STREET NO. (N,E,S,W) _____

STREET NAME _____

Type _____

STE./APT. NUMBER _____

City _____

State _____

ZIP _____

Area Code _____

Mobile Phone No. _____

APPLICANT NAME (Individual or if enterprise, an officer or partner) _____

Statutory Agent or Agent Authorized to Receive Service of Process:

Name _____ Address: _____

Name(s) of Manager(s) Having Actual Supervisory Authority Over the Operations of the Business:

BUSINESS OWNERSHIP

1. TYPE OF ORGANIZATION:

INDIVIDUAL PARTNERSHIP ENTERPRISE ; STATE OF FORMATION OF ORGANIZATION _____

DATE OF FORMATION OF ORGANIZATION _____

Name of Partner(s), Officer(s), Director(s) or Other Persons Participating in Decisions Relating to Managing the Business:

(APPLICANT AND EACH PERSON LISTED IN SECTION III MUST COMPLETE THE SUPPLEMENTAL APPLICATION INFORMATION)

DIAGRAM

An Accurate, to Scale, But Not Necessarily Professionally Drawn, Floor Plan of the Business Premises Clearly Indicating the Location of One or More Manager's Stations.

License Number _____

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. **SIGNATURE MUST BE NOTARIZED**

DATE: _____ APPLICANT'S 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 _____