

Customer Service Division

Office location - 7447 E. Indian School Road, #110

Scottsdale, AZ 85251

Mailing Address - 3939 N. Drinkwater Blvd.

Scottsdale, AZ 85251

Telephone - (480) 312-2400

Fax - (480) 312-4806

Web - www.ScottsdaleAZ.gov/licenses



PC-2001

**APPLICATION
TELETRACK OPERATOR LICENSE**

FOR CASHIER USE ONLY

Application Fee: _____

License Fee: _____

Total Due: _____

Account 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 (ST,DR,AV) _____

STE./APT. NUMBER _____

City _____

State _____

ZIP _____

BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

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

STREET NAME _____

Type (ST,DR,AV) _____

STE./APT. NUMBER _____

City _____

State _____

ZIP _____

Area Code _____

Emergency Number _____

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

EMERGENCY CONTACT PERSON

NAME _____ ADDRESS _____ PHONE: _____

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 _____

NUMBER OF PARI-MUTUEL WINDOWS OR TOTE MACHINES: _____

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

Has anyone listed ever had any felony conviction in any jurisdiction, within the last 5 years ? Yes No

If yes, you must provide specific information describing:

WHO	OFFENSE	WHERE OFFENSE OCCURRED	DATE OF OFFENSE	COURT(S) ENTERED INTO

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 date of birth.
- (2) Proof that the applicant holds a valid license from the Arizona Racing Commission to conduct pari-mutuel races within the state of Arizona.
- (3) Proof that a teletrack wagering establishment license has been issued or applied for with respect to the facility in which the teletrack operator license will be utilized.
- (4) A plan of operation in accordance with the specifications of Arizona Administrative Code, Title 4, Chapter 27, Section R 4-27-404.
- (5) Proof of an agreement for use of the establishment by the applicant for teletrack wagering purposes.

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

FOR OFFICE USE ONLY

Recommendation: _____

Approval/Denial

Date

Police Department