

Business Services

Office location - 7447 E. Indian School Road, 110
Scottsdale, AZ 85251

Telephone - (480) 312-2400

Web - www.ScottsdaleAZ.gov/licenses



Fee(s) _____

License Number _____

City of Scottsdale MESSAGE FACILITY SUPPLEMENTAL QUESTIONNAIRE

NOTE: ACCURACY IS IMPORTANT -- PLEASE TYPE OR PRINT IN INK

To Applicant: Check all your answers for accuracy. False or incomplete answers or omissions may result in non-acceptance, denial or subsequent revocation of a license. If questions are not applicable to you or your business, enter "N/A" as a response.

This questionnaire is to be completed by each controlling person defined in the City of Scottsdale Massage Facilities Licenses Ordinance. A controlling person means a person directly or indirectly possessing control of an applicant, licensee or massage facility, and includes an agent and on-site managers. Each controlling person must complete this form, provide a copy of a government issued photo identification as proof of age, provide proof of U.S. Citizenship or lawful residency of the U. S., be fingerprinted and pay applicable fees. Fingerprints must be taken in our office or by a law enforcement agency. If fingerprinted by a law enforcement agency, a letter, on law enforcement agency letterhead, must accompany the fingerprint card stating who identified the individual and obtained the fingerprints.

Check appropriate box:

- Owner
- Partner
- Stockholder (___%)
- Member
- Agent
- On-site Manager
- Officer
- Other _____ (title)

1. Name of Business: _____ Business Phone: (____) _____

2. Business Address: _____

3. Legal name: _____ Date of Birth: _____
(Last) (First) (Middle) MTH / DAY / YR

All other name(s) previously known as: _____

4. Are you authorized to work in the United States? Yes No

5. Driver's License #: _____ State _____ Expiration Date _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Describe any scars, tattoos or distinguishing marks: _____

Place of Birth: _____
(City) (State) (Country)

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

6.

Complete Current Residence Address:	Complete Current Mailing Address:
What is the state of your legal residency? _____ If AZ, date of residency _____	
Home phone # (____) _____ - _____	Work phone # (____) _____ - _____
Mobile phone # (____) _____ - _____	Email _____

7. Provide your residence addresses for the previous **5 years**. Attach an additional sheet if necessary.

From (MO/YR)	To (MO/YR)	Residence Complete Address	Owned / Rented

8. List your employment and type of business for the previous **5 years**. List most recent first. (Attach an additional sheet if required). Account for all time. **Do not leave any gaps**. If unemployed or a student during a period of time, please indicate.

From (MO/YR)	To (MO/YR)	Name of Business or Employer's Name (Complete Business Address and Phone #)	Position (Title)

9. Have you voluntarily surrendered any license to administer Massage Therapy or a Massage Facility license as a result of, or while under investigation for any reason? ___ Yes ___ No If yes, provide specific information below.

Date <i>License Surrendered</i>	Jurisdiction where license was surrendered	License #	License Period

10. Have you had a license for a Massage Facility, to administer Massage Therapy, or a similar license denied or revoked in the State of AZ or any other United State jurisdiction? ___ Yes ___ No If yes, provide specific information below.

Date <i>Denied or Revoked</i>	Jurisdiction where denial or revocation occurred	Grounds for Denial or Revocation

11. Have you or any entity in which you have held ownership, been an officer, member, director, manager or controlling person ever had a business, professional, or Massage Facility application or license rejected, denied, revoked, suspended or fined in this or any other state? ___ Yes ___ No If yes, provide specific information below.

Date Rejected, Fined, <i>Denied, Revoked or Suspended</i>	Jurisdiction where this was rejected, fined, denied, <i>revoked or suspended</i>	Grounds for Rejection, Fines, <i>Denial, Revocation or Suspension</i>

12. Are you now or have you ever operated or held ownership, been an officer, member, director, manager, or a controlling person of a Massage Facility licensed in this or any other state? Yes No If yes, provide specific information below.

Date of License	License #	Jurisdiction where license was held

13. Are you delinquent in payment to the City of Scottsdale of any taxes, fees, fines, or penalties imposed or owing out of any business activity owned or operated by you or the Massage Facility? Yes No If yes, provide specific information below.

Type of Delinquency	License # or Account #	Amount of Delinquency

14. Have you been convicted of a felony; or a misdemeanor involving fraud, theft, dishonesty, assaultive conduct, moral turpitude within 5 years preceding the date of this application? Yes No If yes, provide specific information below.

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

15. Have you ever been detained, cited, arrested, indicted or summoned into court for a violation of any law or ordinance (regardless of the disposition even if dismissed)? For traffic violation include only those that were alcohol and/or drug related. Yes No If yes, provide specific information below.

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

16. Have you ever been convicted, fined, posted bond, been ordered to deposit bond, imprisoned, had sentence suspended, placed on probation or parole for violation of any law or ordinance (regardless of the disposition even if dismissed or expunged)? Yes No If yes, provide specific information below.

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

17. Are there any administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you or any entity in which you are now involved? Yes No If yes, provide specific information below.

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

18. Has anyone ever filed suit or obtained a judgment against you in a civil action, the subject of which involved fraud or misrepresentation of a business, professional or Massage Facility license? Yes No If yes, provide specific information below.

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

19. Are you a registered Sex Offender or required by law to register as a Sex Offender? Yes No If yes, provide specific information below.

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

License Number

20. As an owner, agent, partner, stockholder, member, officer, manager, or controlling person will you be physically present operating the business of the Massage Facility? _____ Yes _____ No If Yes, how many hours per week? _____

Additional requirements:

1. Provide a copy of a government issued photo identification (a valid Drivers License or Passport.)
2. Provide a copy of proof of U.S. Citizenship or lawful residency of the United States authorized to work in the United States. (Social Security Card or documentation from the United States Department of Justice, Immigration and Naturalization Service.)

I hereby certify that all answers to questions on this questionnaire 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.

Print Name

Signature

Date

Massage Facility Interpreter Application Certification

I certify under penalty of A.R.S. §13-2704(A)(1), that I am fluent in English and _____ which is the native language of the applicant/owner/manager. I have read to the applicant/owner/manager in his/her native language every question and instruction on this application and his/her answer to every question. The applicant/owner/manager informed me that he/she understands every instruction, question and answer on the application including the massage facility special requirements and ordinance requirements and has verified the accuracy of every answer.

Name of Applicant: _____

Name of Owner/Manager (if different from above): _____

Name of Interpreter: _____

Mailing Address _____

Telephone Number: _____

Email Address: _____

No Interpreter Applicant Signature: _____

Interpreter Signature: _____

Date: _____



Arizona Dept of Public Safety
Fingerprint Compliance Program

Your fingerprints will be used to check the criminal history records of the FBI. If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You will be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record. The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-5590. To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov)."

I acknowledge that I understand this information and have received a copy for my records.

Print Name

Signature

Date: _____