



PERMIT NO. ISSUED _____

**CITY OF CHANDLER
SUPPLEMENT TO
SEXUALLY ORIENTED BUSINESS
PERMIT APPLICATION**

To be completed by each individual listed in Section 2.G., of the company application who will participate directly in decisions relating to the management of the sexually oriented business.

Fingerprinting Fee: \$22.00 Money Order Only – Made Payable to “DPS”

SECTION 1:

1. Applicant name: _____

Relationship to the company (partner, corporate officer, or member) _____

2. Applicant’s current residence address: _____

City/State: _____ Zip _____ Phone _____

(Note - Notice of address change is required within 10 days of any change.)

3. Arizona Driver’s License No. _____, or Arizona ID No. _____

or Military ID No. _____ Expiration Date: _____

(Picture identification issued by a governmental agency is required.)

4. Applicant’s Date of Birth: _____ (Must submit proof of age of majority).

5. True name and any other names, aliases or stage names used in the last 5 years:

6. List any similar licenses/permits currently held or that have been held. State if any have been revoked or suspended.

<u>Type of License</u>	<u>License Number</u>	<u>Issuing Agency</u>	<u>City/State</u>	<u>Dates valid</u>	<u>Revoked/Suspended (Y/N)</u>
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a. If revoked or suspended, provide the details below listing the date(s) and reason(s):

7. Have you, in the last three years, been convicted of a sexual offense described in A.R.S. §§ 13-1401 -- 13-1416, a racketeering offense as defined in A.R.S. § 13-2301.D.4, a prostitution offense described in A.R.S. §§ 13-3201 -- 13-3214, a drug offense described in A.R.S. §§ 13-3401 -- 13-3416, or a sexual exploitation of children offense described in A.R.S. §§ 13-3551 -- 13-3556, or any conviction in another jurisdiction for conduct which if carried out in Arizona would constitute an offense stated in this paragraph?

Yes No

If "yes" provide details (date, place, violation and sentence):

SECTION 2: Signature / Certification.

I certify that all information presented is true and correct. I agree to submit any changes in this application within 24 hours (1 business day) of such change. I understand that a false swearing or filing of misleading information is a violation of ARS 13-2703, which constitutes a Class 6 felony.

Signature of Applicant

Date

State of Arizona

County of Maricopa

On _____, 20____, _____ personally appeared before me,

____ who is personally known to me

____ whose identity I proved on the basis of _____.

____ whose identity I proved on the oath/affirmation of

_____ a credible witness

to be the signer of the above document and he/she acknowledged that he/she signed it.

Notary Public