



**CITY OF CHANDLER
APPLICATION FOR
SEXUALLY ORIENTED BUSINESS PERMIT
CITY CODE CHAPTER 18**

Nonrefundable Application Fee: \$100.00 _____ **DPS Fingerprinting Fee:** \$22.00 _____

Initial Permit Fee:

Jan. – Dec. \$500.00 _____ April – Dec. \$375.00 _____ July – Dec. \$250.00 _____ Oct. – Dec. \$125.00 _____

SECTION 1:

Must be completed by the individual, or if a corporation, LLC, or partnership, by the Primary Applicant who has been designated to act as the responsible managing officer. Applicant must appear in person at the Chandler Police Department for fingerprinting.

A. Business/Trade Name: _____

B. Address of Business: _____

City/State: _____ Zip _____ Phone _____

C. Mailing address (if different than item B): _____

City/State: _____ Zip _____

D. Description of business activities to be conducted: _____

E. Person Applying (Applicant / Primary Applicant: _____
(Applicant if individual owner – Primary Applicant if legal entity is partnership, corporation or LLC)

F. Applicant's current residence address: _____

City/State: _____ Zip _____ Phone _____
(Note - Notice of address change is required within 10 days of any change.)

G. Applicant's previous residence addresses – last 5 years. (Attach additional sheet if necessary.)

<u>Date (from/to)</u>	<u>Address</u>	<u>City / State / Zip</u>

H. Arizona Driver's License No. _____, or Arizona ID No. _____,
or Military ID No. _____. Expiration Date: _____
(Picture identification issued by a governmental agency is required.)

I. Applicant's Social Security Number: _____

J. Applicant's Date of Birth: ____/____/____ (Must submit proof of age of majority.)

K. Business, Occupation, or Employment History (Last 3 Years):

<u>Date (from/to)</u>	<u>Business Name</u>	<u>Address</u>	<u>City / State / Zip</u>

L. 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 State if any have been revoked or suspended.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>

1. If revoked or suspended, provide the details below listing the date(s) and reason(s):

M. 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):

N. Name of the business manager(s)* who will have actual supervisory authority over the operation of the business:

<u>Name</u>	<u>Address</u>	<u>City / State</u>	<u>Phone</u>

(Note* Additional license[s] may be required.)

3. Name/Title _____ Social Security # _____
Home Address _____ Zip _____
Drivers License # _____ Date of Birth _____ Interest % _____
Will this person participate directly in decisions relating to the management of this business?
Yes [] No [] **If yes, supplement must be completed.**

4. Name/Title _____ Social Security # _____
Home Address _____ Zip _____
Drivers License # _____ Date of Birth _____ Interest % _____
Will this person participate directly in decisions relating to the management of this business?
Yes [] No [] **If yes, supplement must be completed.**

**SECTION 3.
Signature / Certification.**

I certify by the signature below that I am the owner or managing officer, partner, or member. 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 _____, 200_, _____ 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

FOR OFFICE USE ONLY

MANAGEMENT SERVICES DEPARTMENT / TAX AND LICENSE DIVISION:

Fees paid: _____ Privilege License No.: _____ Certificate of Occupancy: _____

Police Department Clearance _____ Zoning Clearance _____

POLICE DEPARTMENT RECOMMENDATION:

_____ Approval _____ Denial _____
Chief of Police (Signature) Date

Reason, if denial:
