



**CITY OF CHANDLER**  
**Sales Tax & Utility Services – License Section**

**Off-track Wagering**  
**Individual Application**

Check One:                    Owner of Principle Wagering Establishment  
                                      Managing Agent of Principle Wagering Establishment  
                                      Owner of Off-track Site Facility  
                                      Managing Agent of Off-track Site Facility

**Name of Applicant**

\_\_\_\_\_

Last Name

First

Middle

**Other Names Used  
(Maiden, etc.)**

\_\_\_\_\_

**Home Address**

\_\_\_\_\_

Street, Apt. #

\_\_\_\_\_

Phone

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

SSN

\_\_\_\_\_

Drivers License #

\_\_\_\_\_

State

\_\_\_\_\_

Height

\_\_\_\_\_

Weight

\_\_\_\_\_

Hair

\_\_\_\_\_

Eyes

\_\_\_\_\_

Birthdate

\_\_\_\_\_

Birthplace

**Business Name**

\_\_\_\_\_

**Business Address**

\_\_\_\_\_

Street, Suite #

\_\_\_\_\_

Business Phone

\_\_\_\_\_

City, State, Zip

**Indicate your  
employment or  
business engaged  
in during the past  
5 years**

1.

\_\_\_\_\_

Current Employer, Position

\_\_\_\_\_

Dates

\_\_\_\_\_

Street, Suite #

\_\_\_\_\_

Phone

\_\_\_\_\_

City, State, Zip

2.

\_\_\_\_\_

Previous Employer, Position

\_\_\_\_\_

Dates

\_\_\_\_\_

Street, Suite #

\_\_\_\_\_

Phone

\_\_\_\_\_

City, State, Zip

3.

\_\_\_\_\_

Previous Employer, Position

\_\_\_\_\_

Dates

\_\_\_\_\_

Street, Suite #

\_\_\_\_\_

Phone

\_\_\_\_\_

City, State, Zip

Office location: 175 S. Arizona Avenue, Suite A, Chandler, Arizona 85225

Mailing address: PO Box 4008, Mail Stop 701, Chandler, Arizona 85244-4008

From: Mo/Yr To: Mo/Yr Residence Street City State Zip

Indicate where you have resided for the last 5 years

Three horizontal lines for indicating residence information.

Have you ever been denied, cited, arrested, indicted, convicted, or summoned into court for violations of any criminal law or ordinance (excluding minor traffic violations)? YES NO

Explain:

Have you ever posted bond, been ordered to deposit bail, been fined, imprisoned, placed on probation or failed to appear for any violation of any law or ordinance? YES NO

Explain:

Have you ever had any business license denied, revoked, suspended, or fined in this or any other state? YES NO

Explain:

Note: Changes must be submitted as required by Ordinance. Incomplete applications will not be processed.

I certify that the statements made in this application are true and complete to the best of my knowledge. Intentional omission or falsification of information is sufficient grounds for denial of the application or later revocation and subject to penalty of law.

Signature

Date