

Business Services
 Office location - 7447 E. Indian School Road, #110
 Scottsdale, AZ 85251
 Telephone - (480) 312-2400
 Web - www.ScottsdaleAZ.gov/licenses



TEENAGE DANCE CENTER APPLICATION

License Number _____

Fee(s) _____

Teenage Dance Center Ord. (date & initial) _____

General Provisions (date & initial) _____

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

To Applicant: Check all of your answers for accuracy. Your background investigation will be conducted from information supplied on this form. Do not leave any of the spaces blank. If they do not apply to you, write in the letters N/A indicating not applicable.

Business Name, Business Location, Business Telephone

 BUSINESS NAME (Individual, Company or "DBA", first name first) Area Code Business Telephone No.

 STREET NO. (N,E,S,W) STREET NAME Type STE./APT. NUMBER

 City State ZIP EMAIL: _____

Applicant Information

Legal Name: Last _____ First _____ Middle _____

Other name(s) by which applicant has been know (include prior married name(s) & maiden name): _____

Present Residential Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

Scars, tattoos, etc.: _____

Date of Birth: _____ Place of Birth: _____ SS#: _____

Driver's License #: _____ State: _____ Expires: _____

Have you ever been convicted in any jurisdiction of a felony, or any misdemeanor involving fraud, dishonesty, assaultive conduct or moral turpitude? Yes No

If yes, you must provide specific information describing:

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

Names and addresses of all employees, agents and independent contractors, except musicians connected directly or indirectly with the proposed teenage dance center.

Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle Title Date of Birth </small>
Residential Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Telephone </small>
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle Title Date of Birth </small>
Residential Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Telephone </small>
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle Title Date of Birth </small>
Residential Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Telephone </small>
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last First Middle Title Date of Birth </small>
Residential Address: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip Telephone </small>

ADDITIONAL INFORMATION REQUIRED

Please attach a copy of each of the following:

- | | | |
|--|---|---|
| 1. Proof that the applicant is a U.S. citizen or lawful resident alien who is authorized to work by the United States Department of Justice, Immigration and Naturalization Service. | 2. Birth Certificate
3. Driver's License | 4. Social Security Card
5. Proof of a valid Use Permit |
|--|---|---|

ADDITIONAL REQUIREMENTS

1. You must arrange for fingerprinting by the Scottsdale Police Department of all owners, principals, employees, agents and independent contractors, except musicians, connected indirectly or directly with the proposed operation of the teenage dance center.
2. A background check of all owners, principals, employees, agents and independent contractors, except musicians, connected directly or indirectly with the teenage dance center may be conducted by the Scottsdale Police Department.

I HEREBY CERTIFY THAT ALL THE ANSWERS TO THE QUESTIONS OF 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's Signature



**ACKNOWLEDGMENT of UNDERSTANDING
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # _____

DATE: _____

Business Name _____

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.

Representative / Applicant Name: _____

Representative / Applicant Title: _____

Signature: _____

CSR Initials _____