

**BUSINESS SERVICES**

Office location:

7447 E. Indian School Rd., Suite 110  
Scottsdale, AZ 85251  
Telephone (480) 312-2400



Fee \$500.00 per location

General Provisions  
Ordinance to Applicant  
Date & Initial

Automated Kiosk Ordinance  
to Applicant  
Date & Initial

# City of Scottsdale AUTOMATED KIOSK APPLICATION

License Numbers by Location

Location 1 \_\_\_\_\_

Location 6 \_\_\_\_\_

Location 2 \_\_\_\_\_

Location 7 \_\_\_\_\_

Location 3 \_\_\_\_\_

Location 8 \_\_\_\_\_

Location 4 \_\_\_\_\_

Location 9 \_\_\_\_\_

Location 5 \_\_\_\_\_

Location 10 \_\_\_\_\_

**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.

**SECTION 1** (Check one)

This application is for a:

- New Business: Start Date: \_\_\_\_\_  
(In Scottsdale)
- New Owner of Existing Business
- Information Update

**SECTION 2** (Check one)

Type of ownership:

- Individual
- General Partnership or Limited Partnership
- Corporation or Limited Liability Company
- Other \_\_\_\_\_

**SECTION 3**

1. Applicant: \_\_\_\_\_  
Last First Middle

2. Business Name: \_\_\_\_\_

3. Complete Business Address: \_\_\_\_\_

4. Complete Mailing Address: \_\_\_\_\_

5. Business Phone#: ( ) \_\_\_\_\_ Mobile Phone#: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION 4** List name(s) of owner(s), partner(s), officer(s), agent(s), shareholder(s) of 10% or more. List all Controlling Persons or Designated Agents. All individuals listed must be fingerprinted. Attach additional sheets as necessary to disclose additional persons.

Legal Name: _____ Last First Middle Title/Position Date of Birth
Residential Address: _____ Street City State Zip Telephone
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Residential Address: _____ Street City State Zip Telephone
Legal Name: _____ Last First Middle Title/Position Date of Birth
Residential Address: _____ Street City State Zip Telephone
Legal Name: _____ Last First Middle Title/Position Date of Birth
Residential Address: _____ Street City State Zip Telephone

**SECTION 5** Corporation/Limited Liability Company/Other \_\_\_\_\_ (Circle One if applicable) \_

1. Name of Legal Business Entity: \_\_\_\_\_  
(Exactly as it appears on Articles of Incorporation or Organization)
2. Date of Incorporation/Organization: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_
3. AZ C.C. File No. \_\_\_\_\_ Date authorized to do business in Arizona: \_\_\_\_\_
4. AZ L.L.C. File No. \_\_\_\_\_ Date authorized to do business in Arizona: \_\_\_\_\_
5. Is Corp./L.L.C./Other a non-profit? Yes/No (Circle One) If yes, give IRS tax exempt number: \_\_\_\_\_
6. If the corporation/L.L.C./Other is owned by another entity, attach a list of each officer, member, controlling person or other position held in the parent entity. Attach additional sheets as necessary to disclose controlling persons in the business.

**SECTION 6**

**Please list each kiosk individually, even if there is more than one kiosk at a location:**

Kiosk Location 1: Name of Business: _____ Phone #: ( ) _____ Complete Address: _____ City _____ State ____ Zip _____
Kiosk Location 2: Name of Business: _____ Phone #: ( ) _____ Complete Address: _____ City _____ State ____ Zip _____
Kiosk Location 3: Name of Business: _____ Phone #: ( ) _____ Complete Address: _____ City _____ State ____ Zip _____
Kiosk Location 4: Name of Business: _____ Phone #: ( ) _____ Complete Address: _____ City _____ State ____ Zip _____
Kiosk Location 5: Name of Business: _____ Phone #: ( ) _____ Complete Address: _____ City _____ State ____ Zip _____
Kiosk Location 6: Name of Business: _____ Phone #: ( ) _____ Complete Address: _____ City _____ State ____ Zip _____
Kiosk Location 7: Name of Business: _____ Phone #: ( ) _____ Complete Address: _____ City _____ State ____ Zip _____
Kiosk Location 8: Name of Business: _____ Phone #: ( ) _____ Complete Address: _____ City _____ State ____ Zip _____

Kiosk Location 9: Name of Business: _____ Phone #: (    ) _____ Complete Address: _____ City _____ State ____ Zip _____
Kiosk Location 10: Name of Business: _____ Phone #: (    ) _____ Complete Address: _____ City _____ State ____ Zip _____

**SECTION 7**

**Please list all locations where consumer electronic devices collected in automated kiosks within the city are processed, stored, managed, or maintained, even if such action occurs outside the city. If you need to add additional locations please attach a separate sheet with those locations:**

1. Name of Business: _____ Phone #: (    ) _____ Complete Address: _____ City _____ State ____ Zip _____
2. Name of Business: _____ Phone #: (    ) _____ Complete Address: _____ City _____ State ____ Zip _____
3. Name of Business: _____ Phone #: (    ) _____ Complete Address: _____ City _____ State ____ Zip _____

I hereby certify that all answers to questions are true and complete, and I agree and understand that any misleading or false material facts may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Scottsdale, State of Arizona.

\_\_\_\_\_ DATE

\_\_\_\_\_ APPLICANT 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 \_\_\_\_\_