

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



## SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

License Number \_\_\_\_\_

Fee \_\_\_\_\_

Sexually Oriented Business Ord.  
(date & initial)

General Provisions Ord.  
(date & initial)

### BUSINESS INFORMATION

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

STREET NO. (N,E,S,W) \_\_\_\_\_

STREET NAME \_\_\_\_\_

Type \_\_\_\_\_

STE./APT. NUMBER \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Area Code \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_

APPLICANT NAME (Individual or if enterprise, an officer or partner) \_\_\_\_\_

Statutory Agent or Agent Authorized to Receive Service of Process:

Name \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Name(s) of Manager(s) Having Actual Supervisory Authority Over the Operations of the Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BUSINESS OWNERSHIP

1. TYPE OF ORGANIZATION:

INDIVIDUAL  PARTNERSHIP  ENTERPRISE  ; STATE OF FORMATION OF ORGANIZATION \_\_\_\_\_

DATE OF FORMATION OF ORGANIZATION \_\_\_\_\_

Name of Partner(s), Officer(s), Director(s) or Other Persons Participating in Decisions Relating to Managing the Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(APPLICANT AND EACH PERSON LISTED IN SECTION III MUST COMPLETE THE SUPPLEMENTAL APPLICATION INFORMATION)

**DIAGRAM**

An Accurate, to Scale, But Not Necessarily Professionally Drawn, Floor Plan of the Business Premises Clearly Indicating the Location of One or More Manager's Stations.

License Number \_\_\_\_\_

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON 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. **SIGNATURE MUST BE NOTARIZED**

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 \_\_\_\_\_