



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

**APPLICATION
 TELETRACK OPERATOR LICENSE**

FOR CASHIER USE ONLY	
Application Fee:	_____
License Fee:	_____
Total Due:	_____

 License Number

 Teletracking Ord. (date & initial)

 General Provisions (date & initial)

BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS LOCATION

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

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

 City State ZIP EMAIL: _____

BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

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

 City State ZIP Area Code Emergency Number

 APPLICANT NAME (Individual or Corporation/Partnership operating business. (first name first)).

EMERGENCY CONTACT PERSON

NAME _____ ADDRESS _____ MOBILE: _____

BUSINESS OWNERSHIP AND RECORDS LOCATION

TYPE OF OWNERSHIP: INDIVIDUAL PARTNERSHIP CORPORATION

DATE INCORPORATED ____/____/____
 STATE INCORPORATED _____

CORPORATE STATUTORY AGENT OR AGENT AUTHORIZED TO RECEIVE SERVICE OF PROCESS:
 NAME _____ ADDRESS _____ PHONE: _____

DESCRIBE NATURE OF BUSINESS _____

NUMBER OF PARI-MUTUEL WINDOWS OR TOTE MACHINES: _____

Name(s) of owner(s), partner(s), officer(s), shareholder(s) of 10 % or more, and person(s) who participate in management, control or policy

Legal Name: _____
 Last First Middle Title Date of Birth

Residential Address: _____
 Street City State Zip Telephone Shareholder %

Legal Name: _____
 Last First Middle Title Date of Birth

Residential Address: _____
 Street City State Zip Telephone Shareholder %

Legal Name: _____
Last First Middle Title Date of Birth

Residential Address: _____
Street City State Zip Telephone Shareholder%

(PLEASE USE ADDITIONAL PAPER IF NECESSARY)

CONVICTIONS

Have you or your business ever had any judicial or administrative finding of violation of any law or regulation relating to racing, wagering or gaming in any jurisdiction ? Yes No

If Yes, please give explanation: _____

(please use additional paper if necessary)

Have you or your business ever had any license or permit relating to pari-mutuel betting or teletrack activities revoked or suspended? Yes No

If Yes, please give explanation: _____

(please use additional paper if necessary)

ADDITIONAL INFORMATION REQUIRED

- (1) Written proof of date of birth.
- (2) Proof that the applicant holds a valid license from the Arizona Racing Commission to conduct pari-mutuel races within the state of Arizona.
- (3) Proof that a teletrack wagering establishment license has been issued or applied for with respect to the facility in which the teletrack operator license will be utilized.
- (4) A plan of operation in accordance with the specifications of Arizona Administrative Code, Title 19, Chapter 2, Section R 19-2-404.
- (5) Proof of an agreement for use of the establishment by the applicant for teletrack wagering purposes.

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.

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 _____