



City of Glendale
 5850 W. Glendale Avenue

 Glendale, AZ 85301-2599

**ADULT BUSINESS
 LICENSE APPLICATION**
MANAGER

License No: _____
 Date: _____

This application must be filed and a license obtained before you can lawfully engage in business in Glendale. *The application and fingerprinting fees are non-refundable and licenses issued are non-transferable between persons.*

_____ Initial **Important Note to Managers (Age Requirements):**
 You must be at least **18 years of age** at the time of application to obtain an manager license.

PERSONAL INFORMATION

PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO ANSWER ANY QUESTIONS ON THIS APPLICATION, WITH CLEARLY DESIGNATED REFERENCES TO THE QUESTIONS BEING ANSWERED.

Applicant's Name (First) (Middle) (Last)			Home Phone Number ()		
Home Address (Street) (City) (State) (Zip Code)			Social Security Number		
Mailing Address (Street) (City) (State) (Zip Code)					
Place of Birth		Date of Birth	Age		Driver's License Number
Height	Weight	Sex	Color of Eyes	Color of Hair	

Please list **All** Aliases (Other names) used in the past

Please list **All** home addresses during the **last 5 years**.

	Dates

Please list your **complete** employment history for the last 5 years.

	Dates

Please list **All** licenses/permits that have been issued to you relating to an adult business, including jurisdictions and effective dates.

License	Jurisdiction	Dates

Yes **No** Have you ever had an adult oriented business license or similar license or permit denied, revoked or suspended? If yes, please identify all jurisdictions denying, revoking or suspending such license or permit and the dates and the reasons, if needed attach a separate sheet. **Please Note: Failure to disclose this information will be grounds for denial of this license.**

Yes **No** Have you ever been convicted of any felony or misdemeanor other than a traffic citation? If yes, please list ALL prior charges, indictments or convictions, including applicable jurisdictions and dates, if needed attach a separate sheet. **Please Note: Failure to disclose this information will be grounds for denial of this license and you will not be allowed to resubmit an application of Manager for a period of ONE (1) YEAR after the date of this application.**

BUSINESS INFORMATION

Please list All adult business establishments and locations at which you will be using the your license. **Note: You must notify the City within 10 days of any changes concerning your adult business employer(s).**

_____ Initial **Important Note to Adult Business Managers:**
Any license issued may ONLY be used as an adult business manager. **A separate license is required for any person performing any other adult business services.**

_____ Initial **Important Note to Applicant**
By signing the application you are certifying that all the information is accurate, complete and true to the best of your ability. The City will notify you by certified mail and phone of the results. **Failure to provide current information in regards to your address and/or telephone number may be viewed as your request to have this application withdrawn. All fees paid are non refundable by the City. Any withdrawal of an application will require you to re-apply and pay any new fees.**

Applicant's Signature	Date
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