



City of Glendale
 5850 W. Glendale Avenue
 Glendale, AZ 85301

**ADULT BUSINESS
 LICENSE APPLICATION** License

OWNER/OPERATOR

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 or locations.

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

Type of Adult Business: **Select only one per application; separate applications required for each type of business.**
 Arcade Bookstore Cabaret Motel Escort Bureau Nude Model Studio Semi-Nude Bus. Theater Topless Bar
 Internet/Web-Based Business Novelty Store (Retail Sales)

Select One (Only prime operator billed for license fees): Prime Operator Sub Operator

BUSINESS OWNER INFORMATION

Sole Proprietor Corp. L.L.C. Gen. Part. Ltd. Part. L.L.P. Trust
 Other (specify): _____

Business Name (dba)	Phone Number ()	Fax Number ()
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Address (Number/Street)	(City)	(State)	(Zip Code)
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Business Mailing Name

Business Mailing Address (Number/Street)	(City)	(State)	(Zip Code)
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Sole Proprietor	If applicant is married, attach copies of any fictitious name certificates and provide the following info:		
	Spouse's Name	Residence Address	Phone Number ()

Corporation	Exact Name of Corporation: _____				
	State of Incorporation: _____		Date of Incorporation: _____		
	Attach copies of Articles of Incorporation and fictitious name certificates. Provide the following info for corporate officers and for ALL persons who are beneficial owners of at least 50% of shares.				
	Name	Title	Residence Address	Phone Number	% of Ownership
					()

Limited Liability Company	Exact Name of L.L.C.: _____ State of Formation: _____ Date of Formation: _____ Attach copies of Articles of Organization and fictitious name certificates. Provide the following info for current members (identify the managing members) and for ALL persons who share at least 50% or more of financial gains of L.L.C.																																			
	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Residence Address</th> <th>Phone Number</th> <th>% of Ownership</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>()</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name	Title	Residence Address	Phone Number	% of Ownership				()																										
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General Partnership	Exact Name of General Partnership: _____ State of Formation: _____ Date of Formation: _____ Attach copies of any written partnership agreement and fictitious name certificates. Provide the following info for ALL partners and for ALL persons who share at least 50% of financial gains of partnership.																														
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Limited Partnership	Exact Name of Limited Partnership: _____ State of Formation: _____ Date of Formation: _____ Attach copies of Certificate of Limited Partnership and fictitious name certificates. Provide the following info for ALL general and limited partners and for ALL persons who share at least 50% of financial gains of L.P.															
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	Name	Title	Residence Address	Phone Number	% of Ownership											
			()													

Limited Liability Partnership	Exact Name of Limited Liability Partnership: _____ State of Formation: _____ Date of Formation: _____ Attach copies of Statement of Qualifications and fictitious name certificates. Provide the following info for all partners and for ALL persons who share at least 50% of financial gains of L.L.P.															
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			()													

Trust	Exact Name & <i>Type</i> of Trust: _____				
	State of Formation: _____			Date of Formation: _____	
	Attach copies of document(s) forming trust and fictitious name certificates. Provide following info for all trustees and for all persons who share at least 50% of financial gains of trust.				
	Name Ownership	Title	Residence Address	Phone Number ()	% of
Federal Employer's Identification Number			State Tax Identification Number		
List ALL adult business services to be provided:					
If sales of merchandise, as defined in City Code Section 21.2-4 are conducted, then what percentage (%) of the monthly total stock of all kinds at this location consists of defined merchandise? _____					
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		
Place of Birth		Date of Birth	Age	Driver's License Number & State	
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	

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

License	Jurisdiction	Dates
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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 for an Owner/Operator for a period of ONE (1) YEAR after the date of this application.**

PREMISES INFORMATION

Important Note for All Adult Business Operators (Excluding Adult Motels):

Include a sketch or diagram with your application, showing the configuration of the proposed adult business premises, including a statement of total floor space, unless such sketch or diagram has already been provided to the City by another operator. The sketch or diagram should be oriented to the north or to some designated street or object. To the extent applicable, show the location of all manager's stations, viewing rooms, video cameras and monitors installed for monitoring purposes, rest rooms, general patron areas, clearly designated areas in which patrons are not permitted, stage areas, and any other distinct rooms or areas on the premises. The sketch or diagram shall be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus one foot. ***The premises are subject to inspection by the City for all information contained in this application.***

Important Note for Adult Arcade Operators:

All adult arcade operators must configure their premises in a manner consistent with Glendale City Code Sections 21.2-51 (b) and (n) and 21.2-52.

Business Premises Status (Only if physically located in Glendale)

Does the business owner listed above rent or lease the business premises? Yes No

Landlord's Name: _____

Address: _____ Phone (____) _____

_____ 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. *Your business premises are subject to inspection by the City for verification of all information contained in this application.* 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. Any withdrawal of an application will require you to re-apply and pay any new fees.**

Applicant's Signature

Date