

APPLICATION CHECKLIST

OFF TRACK BETTING SPECIAL REGULATORY APPLICATION

GLENDALE CITY CODE CHAPTER 5

(EVERY ITEM MUST BE COMPLETE BEFORE APPLICATION AND FEES CAN BE ACCEPTED)

Completed and Signed Applications:

- *Business License Application
- *Special Regulatory Application

- Photo Identification
- Detailed Floor Plan
- Operating Plan
- Security Plan
- Parking Plan and Overflow Parking Plan
- List of Owners/Officers, Managers and Employees
- Agreement with Race Tracks
- License Eligibility Form (If Sole Proprietor)
- Signed Acknowledgement Statement

One of the following:

- Trade Name Registration
- Articles of Incorporation
- Articles of Organization
- Partnership Agreement

Fees Due:

- Application fee - \$150.00
- License fee - \$535.00 (Pro-rated quarterly)

Application packet is processed by:

1. Tax and Licensing Division
2. Building Safety Department
3. Police Department
4. Planning and Zoning Department
5. Fire Safety Department
6. Applications to be heard at a Public Meeting before City Council



Licensing Office 5850 West
 Glendale Avenue Glendale, Az
 85301-2599
 623-930-3190
 Email: taxlic@glendaleaz.com

Business License #: _____

BUSINESS LICENSE APPLICATION

ALL LICENSE APPLICATION FEES ARE **NON-REFUNDABLE**—LATE FEES
 APPLY IF NOT REGISTERED WITHIN 30 DAYS OF BUSINESS START DATE—
 INCOMPLETE APPLICATION PACKETS MAY RESULT IN A DELAY IN
 PROCESSING OR DENIAL OF THIS APPLICATION.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Section I. APPLICATION TYPE - CHECK ALL THAT APPLIES | | | |
| <input type="checkbox"/> New Business <input type="checkbox"/> Non-Profit (Federal Exemption Certificate required) <input type="checkbox"/> Special regulatory <input type="checkbox"/> Event/Stadium Location | | <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Change in Business Previous City License (if applicable): | |
| Section II. BUSINESS INFORMATION—Verify that your business is located in Glendale https://www.aztaxes.gov/AddressLookup/Index/ | | | |
| Business Name (Company, DBA, or Individual; first name, last name): | | Legal Entity Name (Corporation, LLC, etc.): | |
| Physical Business Street Address (i.e. commercial property, retail store, restaurant— <u>NO</u> P.O. Box or PMB addresses): | | | |
| City, State, Zip Code (+4): | | Business Phone #:(10 digits) | |
| Glendale Business Start Date: | E-Mail Address: | | |
| | AZ State TPT License #: | Business Tax I.D (EIN/FEIN/SSN/TIN)#: | |
| Section III. MAILING ADDRESS INFORMATION | | | |
| Enter Name (if different from Section II above) or "Care of" Name: | | | |
| Mailing Address: | | | |
| City, State, Country, Zip Code (+4): | | Phone # (10 digits): | |
| Section IV. BUSINESS OWNERSHIP—must complete the Ownership Supplemental Form | | | |
| <input type="checkbox"/> Sole/Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> Corp./Inc., State | | | |
| Owner/Officer Name: | | Title: | |
| Home Address: | | SSN #: | |
| City, State, Zip Code (+4): | | Phone # (10 digits): | |
| Owner/Officer Name: | | Title: | |
| Home Address: | | SSN #: | |
| City, State, Zip Code (+4): | | Phone #: | |
| Section V. BUSINESS TYPE—check all that apply and provide a detailed description of your business | | | |
| Do you sell Liquor? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Retail <input type="checkbox"/> Advertising <input type="checkbox"/> Telecommunications <input type="checkbox"/> Use Tax (Glendale Business) <input type="checkbox"/> Home Builder/Spec. Sale | <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Job Printing <input type="checkbox"/> Commercial Rental Property <input type="checkbox"/> Use Tax (out-of-state business with no AZ nexus) <input type="checkbox"/> Other _____ | <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Amusement <input type="checkbox"/> Contracting <input type="checkbox"/> Retail Food Sales <input type="checkbox"/> Personal Property Rental |
| Describe Nature of Business: | | | |
| Section VI. GLENDALE BUSINESS PREMISE STATUS—must complete applicable Business Premise Supplemental or Questionnaire | | | |
| Do you own the Business Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is this a Home-Based Business? | |
| Do you lease the Business Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | | <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, you MUST complete the Home Occupation Questionnaire</small> | |
| Do you rent a portion of the Business Premises to another entity or Business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <small>Postmarks are not accepted as proof of timely registration. Please remit all fees with this application and make checks payable to the City of Glendale.</small> <small>I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all privilege taxes to the Arizona Department of Revenue due to the City of Glendale. I understand that the information I provide on this application can be used for collection purposes and may become public information. I specifically understand and acknowledge that if I provide a cellular telephone number and email address on this application, the City of Glendale or any collection agencies contracted by the City can use this contact information for collection purposes on any unfilled or past due balances. <u>IF APPLICABLE, I UNDERSTAND THAT BY LAW, I MAY BE LIABLE FOR ANY UNPAID TAX DUE BY THE FORMER OWNER(S) OF THIS BUSINESS.</u></small> | | | |
| Printed Name: | | Signature: | |
| Title (Owner/Officer/Statutory Agent): | | | |
| Date: | | Phone: | |



City of Glendale-Licensing Office
 5850 West Glendale Avenue
 Glendale, Arizona 85301-2599
 623-930-3190
 Email: taxlic@glendaleaz.com

Business License #: _____

**SPECIAL REGULATORY INDIVIDUAL LICENSE
 APPLICATION AND QUESTIONNAIRE**

IMPORTANT NOTE—AGE REQUIREMENTS

**YOU MUST BE AS LEAST 18 YEARS OF AGE AT THE TIME OF THE
 APPLICATION TO OBTAIN A LICENSE.**

**This application must be filed and a license obtained before you can lawfully
 engage in any business in Glendale. The application and fingerprinting fees are
 nonrefundable. Any license issue is non-transferable between persons or
 locations.**

SECTION I. APPLICANT INFORMATION

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|----------------|-------|-------------------------------------------------------------|
| First Name: | | Last Name: | | M.I.: | Date of Birth: |
| Address: | | | | | SSN #: |
| City, State, Zip Code (+4): | | | | | Phone #: |
| Government Issue I.D #: | | Type: | Email: | | Sex: |
| Age: | Weight: | Height: | Color of Eyes: | | Color of Hair: |
| Have you ever been convicted of a felony or misdemeanor other than a traffic citation? If YES, please list ALL prior charges, indictments or convictions, including applicable jurisdictions and dates. <u>Failure to disclose this information will be grounds for denial of this license, you will not be allowed to resubmit an application for an Owner/Operator for a period of up to ONE YEAR after date of this application.</u> | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever had an adult oriented business license or any special regulatory license or permit revoked, denied, rejected or suspended? If YES, please list all jurisdictions denying, revoking or suspending such license or permit and the dates and reasons on a separate sheet of paper and attach to this application. <u>Failure to disclose this information will be grounds for denial of this license.</u> | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION II. PREVIOUS HOME ADDRESS INFORMATION

Please list all home address during the last 5 years:

| | |
|------------------|-------------|
| Home Address #1: | Date Moved: |
| Home Address #2: | Date Moved: |
| Home Address #3: | Date Moved: |
| Home Address #4: | Date Moved: |
| Home Address #5: | Date Moved: |

SECTION III. EMPLOYMENT HISTORY INFORMATION

Please list your complete employment history for the last 5 years:

| | | |
|-------------------------------------------------------------------------------------------------------|-------------------|-----|
| Employer Name: | From: | To: |
| Employer Name: | From: | To: |
| Employer Name: | From: | To: |
| Employer Name: | From: | To: |
| This license will be utilized at the following place(s) of employment in the City of Glendale: | | |
| Employer Name: | Employer Address: | |

SECTION IV. LICENSE AND PERMIT INFORMATION

Please list licenses/permits issued to you relating to a Special Regulatory or an Adult Business License:

| | | |
|----------|---------------|-------|
| License: | Jurisdiction: | Date: |
| License: | Jurisdiction: | Date: |

IMPORTANT NOTE TO BUSINESS OPERATORS WITH FACILITIES IN GLENDALE

Include a sketch of diagram with your application showing the configuration of the proposed business premises, including a statement of total floor space. 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, rest rooms, general patron areas, clearly designated areas in which patrons are not permitted, show the location of all manager's stations, viewing rooms, video cameras and monitors installed for monitoring purposes, 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.

Diagram Attached

IMPORTANT NOTE TO APPLICANT

I certify the statements made in this application are true and complete to the best of my knowledge. I have read and complied with all statues, ordinances, and other requirements affecting public peace, health, and safety. The issuance of a license by the City of Glendale shall in no way be construed as permission to operate a business activity in violation or any other law or regulation to which such activity by may be subject. I accept the license authorized and issued to response to this application. I understand the application fee is non-refundable and incomplete forms may delay processing. **Failure to provide current information in regards to your address and/or telephone number may be viewed as your request have this application withdrawn. Any withdrawl of application will require you to re-apply and pay any new fees.**

By entering your email address, you are acknowledging that you may receive infrequent e-mails from the City of Glendale regarding your account as well as notices about services that may affect doing business with the City. Please see the City of Glendale privacy statement at www.glendaleaz.com/policies.cfm for more details on e-mail address usage.

| | | |
|-------------|----------------------------------------|-------|
| Print Name: | Title (Owner/Officer/Statutory Agent): | |
| Signature: | Phone #: | Date: |



LICENSE ELIGIBILITY FORM

Account # _____

This form must be completed by sole proprietorships only. If the sole proprietorship is a married couple, both spouses must complete a form. This is required under House Bill 2745 which was signed into law on May 1, 2008.

Please CHECK THE BOX next to the document indicating lawful presence, SIGN AND RETURN THIS FORM with a COPY OF THE DOCUMENT chosen.

| | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | An Arizona driver license issued after 1996 or an Arizona non-operating identification license. |
| <input type="checkbox"/> | A driver license issued by a state that verifies lawful presence in the United States. |
| <input type="checkbox"/> | A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States. |
| <input type="checkbox"/> | A United States certificate of birth abroad. |
| <input type="checkbox"/> | A United States passport. |
| <input type="checkbox"/> | A foreign passport with a United States visa. |
| <input type="checkbox"/> | An I-94 form with a photograph. |
| <input type="checkbox"/> | A United States citizenship and immigration services employment authorization document or refugee travel document. |
| <input type="checkbox"/> | A United States certificate of naturalization. |
| <input type="checkbox"/> | A United States certificate of citizenship. |
| <input type="checkbox"/> | A tribal certificate of Indian blood. |
| <input type="checkbox"/> | A tribal or bureau of Indian affairs affidavit of birth. |

This provision does not apply to an individual, if **all** of the following apply:

1. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country and;
2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

 Signature of Applicant

 Printed Name of Applicant

 Date

 Signature of Municipal Employee

 Date

Tax & License Division

5850 West Glendale Avenue
Glendale, Arizona 85301-2599
(623) 930-3190



I, _____, have reviewed a copy of Glendale City Code, Chapter 5 Licenses, taxation and miscellaneous business regulations. I acknowledge that as the owner of the business, I am fully responsible for ensuring that all provisions of Chapter 5 are enforced at all times. I understand that failure to comply with Chapter 5 may result in revocation or suspension of my license. Non-compliance of any provision of Chapter 5 may also result in criminal charges as indicated.

Print name

Signature

Date