

Adult Oriented Business Application

Tax and License Office
PO Box 5002, Tempe, AZ 85280



	<u>TYPE</u>	<u>DATE PAID</u>
DATE REC'D: _____	TEMP. LICENSE ISSUE DATE: _____	APPLICATION FEE: \$500 _____
PLT/LICENSE NO.: _____	TEMP. EXPIRATION DATE: _____	LICENSE FEE: \$200/\$100 _____
ISSUE DATE: _____	NEW _____ RENEWAL _____	

Classification: _____ 1. BOOKSTORE/NOVELTY/VIDEOS _____ 3. VIDEO FACILITY, THEATER OR ARCADE _____ 5. CABARET
 _____ 2. SERVICE BUSINESS _____ 4. MOTEL _____ 6. COMBINATION (List Them)

Print Clearly

Applicant or Designated License Holder
(Must complete individual application)

LAST	FIRST	MIDDLE	TITLE
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Corporation, L.L.C. or Partnership Name _____

DBA (Doing Business As) _____

Business Address (local)

STREET	CITY	STATE	ZIP
()			
BUSINESS PHONE _____			

Mailing Address

STREET	CITY	STATE	ZIP
()			
PHONE _____			

Business Address (last 5 years)

STREET	CITY	STATE	ZIP
STREET	CITY	STATE	ZIP
STREET	CITY	STATE	ZIP

Ownership Type:

Sole Owner
 Partnership
 Limited Partnership
 Limited Liability Company/Corp.
 Corporation
 Non-Profit (501C required)

State and Date of Formation of Business

Yes No If yes, please specify: _____

Any Change in Business Name, Any Location, or Ownership Since Previous Application?

Type of Business Activity/Service Engaged In (Be specific)

Hours of Operation (Sec 16A-122)

Type of Products Sold (If applicable)

Has this business been licensed in another City or State?

Yes No If yes, what city and state? _____

Has this business ever had its license or permit denied, revoked, suspended or fined in this or any other State?

Yes No If yes, explain: _____

Please continue on reverse side

Name, Date of Birth, Home Address and Title of Each Owner, Partner or Officer

1. _____
 LAST NAME FIRST MIDDLE DATE OF BIRTH

 HOME ADDRESS CITY STATE ZIP

 TITLE PHONE #

2. _____
 LAST NAME FIRST MIDDLE DATE OF BIRTH

 HOME ADDRESS CITY STATE ZIP

 TITLE PHONE #

3. _____
 LAST NAME FIRST MIDDLE DATE OF BIRTH

 HOME ADDRESS CITY STATE ZIP

 TITLE PHONE #

4. _____
 LAST NAME FIRST MIDDLE DATE OF BIRTH

 HOME ADDRESS CITY STATE ZIP

 TITLE PHONE #

**Name and Address of Manager and all service providers:
 (Attach additional sheet if necessary)**

1. _____
 LAST NAME FIRST MIDDLE TITLE

 HOME ADDRESS CITY STATE ZIP

2. _____
 LAST NAME FIRST MIDDLE TITLE

 HOME ADDRESS CITY STATE ZIP

3. _____
 LAST NAME FIRST MIDDLE TITLE

 HOME ADDRESS CITY STATE ZIP

4. _____
 LAST NAME FIRST MIDDLE TITLE

 HOME ADDRESS CITY STATE ZIP

_____ ()
 NAME HOME PHONE #

 HOME ADDRESS CITY STATE ZIP

**Agent to receive Service of Process
 Name and Address**

Additional documents required with this Application:

1. Floor Plan in accordance with Section 16A-117(11) of the Tempe City Code.
2. Location Requirement Certification in accordance with Section 16A-133 of the Tempe City Code.

(PRINT) Full name of individual signing below: _____
 The individual signing below hereby certifies under oath that, to the best of his/her knowledge and belief, the answers to the above questions are complete and accurate, that I and the above referenced business are in compliance and will continue to comply with all applicable laws and ordinances including Tempe's Zoning Ordinance 808 and Tempe City Code, Section 16A-112 et seq on Adult Oriented Businesses.

Subscribed and sworn before me

this _____ day of _____, 19____.

Signed by: _____
 (APPLICANT'S SIGNATURE)

 NOTARY PUBLIC

Capacity: _____

My Commission Expires: _____