

After-Hours Establishment Business Application

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



www.tempe.gov/salestax

	<u>TYPE</u>	<u>DATE PAID</u>
DATE REC'D: _____	ANNUAL: _____	APPLICATION FEE: \$100 _____
PLT NO.: _____	DAILY: _____	ANNUAL LICENSE FEE: \$500 _____
ISSUE DATE: _____	NO. OF DAYS: _____	DAILY LICENSE FEE: \$100 _____
		NEW _____ RENEWAL _____

Print Clearly

Applicant or Agent's Name
(Must complete individual application) LAST FIRST MIDDLE TITLE

Corporation or Partnership Name State in which incorporated DATE

DBA (Doing Business As)

Business Address
(Do not use P.O. Box) STREET CITY STATE ZIP
()
PHONE

Mailing Address STREET CITY STATE ZIP

Does the proposed business location have a Liquor License? Yes No If yes, what series _____

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

Name and Address of Statutory Agent
(If a Corporation) STREET CITY STATE ZIP

Managing Agent Authorized to Act on Behalf of Organization

Days & Hours of Operation for After-Hours

Types of Activity Offered During After-Hours

Has this business been licensed in another 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, Corporate Officer and Director.
 (List all Owners, all Partners if a Partnership, all Corporate Officers and Directors of any Corporation.)
 Attach separate list if needed.

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 #

List All Persons Financially Interested

1. LAST NAME FIRST MIDDLE DATE OF BIRTH
 HOME ADDRESS CITY STATE ZIP PHONE #

2. LAST NAME FIRST MIDDLE DATE OF BIRTH
 HOME ADDRESS CITY STATE ZIP PHONE #

3. LAST NAME FIRST MIDDLE DATE OF BIRTH
 HOME ADDRESS CITY STATE ZIP PHONE #

4. LAST NAME FIRST MIDDLE DATE OF BIRTH
 HOME ADDRESS CITY STATE ZIP PHONE #

The following must be included with the application and approved by the city.

- Manager's Agreement
- Copy of Use Permit
- Vicinity Ownership Mailing List/Labels
- Complex/Center/Building Tenant List/Mailing Labels
- Plan of Operation
- Property Diagram
- Vicinity Ownership Map
- Parking areas used by patrons and within 300 feet
- Description of Activity
- Security Plan
- Floor Plan
- Program Plan

I certify that the statements made in this application are true and complete and that I and the above referenced establishment are in compliance and will continue to comply with all applicable laws and ordinances, including Tempe City Code Sections 16A-75 et seq on After-Hours Establishments. Neither the applicant, the establishment, any holder of any profit interest, nor any partner or limited partner, or any person financially interested, nor the manager or other person principally in charge of the operation, nor any individual employed has been convicted of, pleaded nolo contendere to or guilty to any felony, or to a misdemeanor involving moral turpitude, within two years prior to the issuance of the license.

Incomplete applications will not be processed. Omission or falsification of information is sufficient grounds for denial of the application or later revocation in addition to other remedies authorized by law.

SIGNATURE OF APPLICANT OR AGENT TITLE TELEPHONE # DATE

APPLICATION APPROVED DENIED

POLICE DEPARTMENT REPRESENTATIVE TITLE DATE