Individual Application

Management Services
Tax and License Division
31 E. Fifth Street
Tempe, Arizona 85281
(480) 350-2955
FAX: (480) 350-8659 INTERNET: www.tempe.gov



| DATE: | PLT/ PERMIT NO. | DOOR TO DOOR SELLER | MASSAGE ESTABLISHM | MENT PALMIST / ASTROLOGER |
|--|--------------------------|---------------------|-----------------------------|--|
| | HEALTH PERMIT NO | SOLICITOR | MASSAGE THERAPIST | SECONDHAND DEALER |
| | | | MASSAGE TRAINEE | PAWNBROKER |
| ICENSE/PERMIT FEE \$ N | NEWRENEWAL | - | NON-PROFIT SELLER | AUCTIONHOUSE |
| | P.D. NO | | SOLICITOR FOR DONA | TIONSOTHER |
| Print Clearly | | | | |
| Applicant's Name | | | | MIDDLE |
| | LAST | FIRS | | WIDDLE |
| Any Other Names Used, (maiden, etc.) |) | | | () |
| Home Address | STREET | CITY | CITY, STATE, ZIP HOME PHONE | |
| | | | ORIVER'S LICENSE # STATE | |
| | SOCIAL SECURITY # | DRIVER'S LICENSE # | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | HEIGHT WEIGHT HA | AIR EYES BIR | THDATE | CITIZENSHIP |
| | BIRTHPLACE | CITY, STATE | | BUSINESS PHONE |
| | | | | |
| Business Name | | | | |
| Business Address (Do not use Post Office box) | STREET | 1 | Y, STATE, ZIP | |
| Type of Business/Activity Engaged in | n | | | |
| Type of Products Sold (If applicable) | | | | <u> </u> |
| Indicate Your Employment or Busines Engaged in During the Past 5 Years: | SS | | () | DATES - FROM / TO |
| Engaged in During the Past 5 Years: | CURRENT EMPLOYER'S NAME | | PHONE | DATES - FROM / TO |
| | ADDRESS | | CITY, STATE, Z | IP . |
| | PREVIOUS EMPLOYER'S NAME | | POSITION | DATES - FROM / TO |
| | | | CITY, STATE, Z | VID. |
| | ADDRESS | | OITI, STATE, E | • |
| | PREVIOUS EMPLOYER'S NAME | | POSITION | DATES - FROM / TO |
| | ADDRESS | | CITY, STATE, Z | ZIP |
| | | | • | |
| Indicate Where You Have Resided fo the Last 5 Years: | RESIDENCE STREET | | | FROM: MO./YEAR TO: MO./YEAR |
| the East 5 rears. | CITY, STATE, ZIP | | | |
| | OITT, STATE, ZII | | | TO NO WEAR |
| | RESIDENCE STREET | | | FROM: MO./YEAR TO: MO./YEAR |
| | CITY, STATE, ZIP | | | |
| | RESIDENCE STREET | | | FROM: MO./YEAR TO: MO./YEAR |
| | | | | |
| | CITY, STATE, ZIP | | | |

| 1. Have you ever committed or been | Yes No If yes, explain: | | | | · |
|--|---|---------------------------------------|-----------------------|---------------------------------------|-------------|
| convicted of violating any criminal | | | | | |
| law or ordinance, including any | | | | | |
| conviction that was later set aside or removed? | | | | | |
| of removed r | | | | • | |
| | | | * | | |
| 2. Have you ever posted bond, been ordered to deposit ball, been fined, | Yes No If yes, explain: | | | | |
| imprisoned, placed on probation | | | e . | | |
| for violation of any criminal | | | | | |
| law or ordinance? | | | | | |
| | | | | , | |
| 3. Have you ever had a license | Yes No If yes, explain: | | | | |
| denied, revoked, suspended, or fined | , , , | | , | | |
| in this or any other state? | ATTACH | ADDITIONAL CUEET I | E MEEDED | | |
| | ATTACH | ADDITIONAL SHEET I | F NEEDED | | |
| For Binggaga Theyeniate only | | | () | | |
| For Massage <u>Therapists only</u> : 1. List all schools, hours and classes | SCHOOL NAME | | PHONE | | |
| taken relating to massage. | - | | | | |
| (Attach additional sheet if needed). | SCHOOL ADDRESS | CITY | STATE | ZIP | |
| | CLASSES TAKEN | | | | |
| | Yes No | | se. | | |
| | DIPLOMA/CERTIFICATE | | TOTAL HOURS | · · · · · · · · · · · · · · · · · · · | |
| * | | | <i>(</i>) | | |
| 2. | SCHOOL NAME | | PHONE | | |
| | | | | | |
| • | SCHOOL ADDRESS | CITY | STATE | ZIP | |
| | | | | | |
| | CLASSES TAKEN | | | | |
| | LI Yes LI No DIPLOMA/CERTIFICATE | | TOTAL HOURS | | |
| | | | | | |
| | | | | | |
| Will you be working for a licensed | Yes No If yes: | | | | |
| massage establishment in Tempe? | · | | | | |
| | MANE | | - DIA | F (DEDINE) | |
| | NAME | | PLI | Γ / PERMIT # | |
| | ADDRESS | CITY | STATE | ZIP | |
| | () | | | | |
| | PHONE # | · · · · · · · · · · · · · · · · · · · | | | |
| 1 126. At -2 At | lia-tion are two and anomalote to the h | and of my knowledge line | | | |
| Omission or falsification of information is | s application are true and complete to the bases sufficient grounds for denial of the application | on or later revocation in | addition to other ren | ns will not be process | ₃ed. Iaw |
| | , | | | induite astroness by | ш |
| | | () | | | |
| SIGNATURE OF APPLICANT OR AGENT | TITLE | TELEPHONE # | DA | ΓE | |
| | | | | | |
| | • | | | | |
| APPLICATION APPROVED | DENIED | | | | |
| | | • | | | |
| | | | | | |
| | | | | | |
| POLICE DEPARTMENT REPRESENTATIVE | TITLE | | DAT | E | |
| | | • | | | |
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