



PERMIT NO. ISSUED _____

CITY OF CHANDLER
APPLICATION FOR
SEXUALLY ORIENTED BUSINESS
MANAGER / SERVICE PROVIDER
CITY CODE CHAPTER 18

Manager

Adult Service Provider

Nonrefundable Application Fee: \$100

Fingerprinting Fee: \$22.00 Money Order
Only - Made Payable to "DPS"

Initial Permit Fee:

Jan. - Dec. \$100

April - Dec. \$75

July - Dec. \$50

Oct. - Dec. \$25

Application must be accompanied by passport size photos for identification card.

SECTION 1: Must be completed by the applicant. Applicant must appear in person at the Chandler Police Department for fingerprinting.

1. Name of Person Applying (Applicant): _____

2. Applicant's current residence address: _____

City/State: _____ Zip: _____ Phone: _____

(Note - Notice of address change is required within 10 days of any change.)

3. Business/Trade Name: _____

4. Address of Business: _____

City/State: _____ Zip: _____ Phone: _____

5. Applicant's residence addresses (Last 5 Years) (Attach additional sheet if necessary):

Date (from/to)

Address

City/State/Zip

Four horizontal lines for listing residence addresses.

6. True name and any other names, aliases or stage names used in the last 5 years:

Horizontal line for listing names.

7. Arizona Driver's License No. _____, or Arizona ID No. _____,

or Military ID No. _____ Expiration Date: _____

(Picture identification issued by a governmental agency is required.)

8. Applicant's Social Security Number: _____

9. Applicant's Date of Birth: _____ (Must submit proof of age of majority.)

10. Business, Occupation, or Employment History (Last 3 Years):

<u>Date (from/to)</u>	<u>Business Name</u>	<u>Address</u>	<u>City/State/Zip</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. List any similar licenses / permits held; state if any have been revoked or suspended:

<u>Type of License</u>	<u>Issuing Agency</u>	<u>City/State</u>	<u>Dates Valid</u>	<u>Revoked/Suspended</u> <u>(Y / N)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11a. If revoked or suspended, provide the details below listing the date and reason(s):

12. Have you, in the last three years, been convicted of a sexual offense described in A.R.S. §§ 13-1401 -- 13-1416, a racketeering offense as defined in A.R.S. § 13-2301.D.4, a prostitution offense described in A.R.S. §§ 13-3201 -- 13-3214, a drug offense described in A.R.S. §§ 13-3401 -- 13-3416, or a sexual exploitation of children offense described in A.R.S. §§ 13-3551 -- 13-3556, or any conviction in another jurisdiction for conduct which if carried out in Arizona would constitute an offense stated in this paragraph?

Yes No

12a. If "yes" provide details (date, place, violation, and sentence):

**SECTION 2:
Signature / Certification.**

I certify that all information presented is true and correct. I agree to submit any changes in this application within 24 hours (1 business day) of such change. I understand that a false swearing or filing of misleading information is a violation of ARS 13-2703, which constitutes a Class 6 felony.

Signature of Applicant

Date

State of Arizona

County of Maricopa

On _____, 20____, _____ personally appeared before me,

____ who is personally known to me

____ whose identity I proved on the basis of _____,

____ whose identity I proved on the oath/affirmation of

_____ a credible witness

to be the signer of the above document and he/she acknowledged that he/she signed it.

Notary Public

OFFICE USE ONLY

POLICE DEPARTMENT:

____ Approval

____ Denial

Chief of Police (signature)

Date

Reason, if denial:

MANAGEMENT SERVICES DEPARTMENT/TAX AND LICENSE DIVISION:

Fees paid: ____ ID Card issued: _____

Sexually Oriented Business - Company Permit # (Master Permit): _____