

APPLICATION CHECKLIST

ARCADE SPECIAL REGULATORY APPLICATION - ARC

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

Two Fingerprint Cards (obtained from independent fingerprinting agency-call business to verify it continues to provide)

Completed and signed applications:

- Transaction Privilege Sales Tax Application
- Special Regulatory Application

License Eligibility Form

Provide a list of all amusement devices currently at location

Photo Identification to verify that the applicant is over 18 years old

Need one of the following:

Trade name registration (if operating under a name other than legal given name)

Articles of Incorporation (if a Corporation)

Articles of Organization (if a Limited Liability Company)

Partnership agreement (if a Partnership)

Application packet is processed by:

1. Glendale Tax and Licensing Division
2. Development Services
3. Planning and Zoning
4. Glendale Fire Department
5. Glendale Police Department

Approval/Denial Timeframe: The approval /denial timeline **not to exceed 180 days** from the time the applications is accepted by the city.

Upon denial the Finance Department shall deny the application if any of the requirements have not been met. In the event of denial the applicant shall be notified by mail of the denial and the reason therefore. The applicant may appeal such denial pursuant to the provisions of the code.



City of Glendale
 5850 W. Glendale Ave.
 Glendale, AZ 85301
 www.glendaleaz.com/taxandlicense

**APPLICATION FOR TRANSACTION PRIVILEGE (SALES) AND USE TAX
 BUSINESS, OCCUPATIONAL AND PROFESSIONAL (BOP),
 TRANSIENT OR SPECIAL REGULATION BUSINESS LICENSE**

FOR CITY USE ONLY

GAPL1011



Account #
 Special District Primary ST Code
 NAICS Code
 License Types

Check any that apply Sales Tax Transient (30 days) Special Regulation BOP
 Check one New Business New Owner of Existing Business
 Check any that apply Name Change Location Change

ACCOUNT INFORMATION

Business Name EXACTLY as Filed (Doing Business As / Name on Sign)

If Ownership Name is the same as the Business Name check box and skip to Physical Business Location Address
 Ownership Name

Physical Business Location Address (Street address of business or rental property - NO P.O. Boxes or PMBs)
 Street Number Direction Street Name

Suffix (St, Ave, etc)

Post Dir Choose one Apt/Suite/Bldg/Floor City State
 Apt Suite
 Bldg Floor
 ZIP Code Country US Business Phone Extension

Contractor's License # AZ State TPT License # Federal ID #

Business Start Date in Glendale Reporting Method Number of Employees
 Cash Accrual

MM DD YYYY

OWNERSHIP TYPE (choose one)

Sole Corporation General Partnership Limited Partnership Revocable Trust Irrevocable Trust L.L.C. Other

State of Formation Date of Formation

Copies of legal documents filed and/or fictitious name certificates attached

MM DD YYYY
 Is this a non-profit entity? YES NO If YES, copy of Federal Exemption Certificate attached

Is this a Minority or Women-owned Business Enterprise YES NO

BUSINESS ACTIVITIES (check off each of your business activities and provide a detailed description of your business below)

Retail Construction Contracting Commercial Rental Amusements Telecommunications
 Restaurant/Bar Home Builder/Spec Personal Property Rental Hotel/Motel Other
 Job Printing Advertising Rental of Real Property Use Tax

Describe Primary Business Activity or Special Event Name

Do you sell, store, or handle any hazardous materials or flammable/combustible liquids? YES* NO Do you sell liquor? YES* NO

Is this a Home Based business? YES* NO Do you rent residential properties? YES NO

If YES, complete Residential Rental Supplemental

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*If YES, you may be contacted by a City representative for additional information.

PLEASE PRINT USING UPPERCASE LETTERS IN BLACK INK. A B C 1 2 3

PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO ANSWER ANY QUESTIONS ON THIS APPLICATION, WITH CLEARLY DESIGNATED REFERENCES TO THE QUESTIONS BEING ANSWERED.



BUSINESS MAILING ADDRESS

If Business Mailing Address is the same as the Physical Business Location Address check box and skip to OWNERSHIP INFORMATION section.

Care of _____

Street Number _____ Direction _____ Street Name or PO Box If P.O. Box check here _____ Suffix (St, Ave, etc) _____

Post Dir. Choose one Apt Suite Apt/Suite/Bldg/Floor PMB # City _____

Bldg Floor _____

State ZIP Code _____ Country _____ US Phone _____ Extension _____

OWNERSHIP INFORMATION (provide the following information for the Primary Owner, Partner, LLC Member or Officer)

First Name _____ M.I. _____ Last Name _____

Government Issued ID Type (see cover page) _____ Government Issued ID # _____ Title Code (see cover page) _____ % of Ownership _____ * If additional owners, please complete the "Beneficial Owners Supplement" form.

E-mail Address _____

If Ownership Address is the same as the Physical Business Location Address check box and skip to LANDLORD INFORMATION section.

If Ownership Address is the same as the Business Mailing Address check box and skip to LANDLORD INFORMATION section.

Street Number _____ Direction _____ Street Name - NO P.O. Boxes or PMBs _____ Suffix (St, Ave, etc) _____

Post Dir. Choose one Apt Suite Apt/Suite/Bldg/Floor City _____

Bldg Floor _____

State ZIP Code _____ Country _____ US Phone _____ Extension _____

LANDLORD INFORMATION (Glendale Business Premises ONLY)

Do you lease the Business Premises? YES NO If YES, enter Landlord Information.

Landlord's Name _____

Street Number _____ Direction _____ Street Name or PO Box If P.O. Box check here _____ Suffix (St, Ave, etc) _____

Post Dir. Choose one Apt Suite Apt/Suite/Bldg/Floor City _____

Bldg Floor _____

State ZIP Code _____ Country _____ US Phone _____ Extension _____

IMPORTANT NOTE TO APPLICANT

PLEASE SIGN AND REMIT ALL FEES DUE WITH APPLICATION. IF APPLICABLE, BE SURE ALL SALES TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.

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 statutes, 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 of any other law or regulation to which such activity may be subject. I accept the license authorized and issued in response to this application with the condition I report timely and pay any and all taxes due by me to the City of Glendale. I understand the application fee is non-refundable and incomplete forms may delay processing.

By entering your e-mail 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 _____

Applicant's Signature _____ Date _____



City of Glendale
Tax & License Division
5850 West Glendale
Glendale, Arizona 85301-2599
(623) 930-3190

Dear Business Owner:

On May 1, 2008, House Bill 2745 was signed into law. One provision of the new law, which went into effect October 1, 2008, requires individuals requesting a municipal business license to present documentation to the municipality indicating your presence in the United States is authorized under federal law.

To meet this requirement we have enclosed a licensing eligibility form. Please indicate on the eligibility form, by checking the appropriate box, which form of documentation you have in your possession verifying your authorization under federal law. Sign and date the form and return it along with a copy of this documentation so that we may complete the processing of your application.

If you have any questions, please call (623) 930-3190 during normal business hours.

Sincerely,

Customer Relations Office
City of Glendale

Enclosures:



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

Legal Arizona Workers Act Compliance Guidelines
House Bill 2745
 Chapter 152





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 Glendale, AZ 85301
 www.glendaleaz.com/taxandlicense

SPECIAL REGULATORY INDIVIDUAL LICENSE APPLICATION

FOR CITY USE ONLY

Important Note to Applicant (Age Requirements)

You must be at least **18 years of age** at the time of application to obtain a license. *However no person with a performer/model license may work as a "topless bar performer" until such person is at least 19 years of age.*

Initial

Account #

License Type

NAICS Code

Employer #1

Employer #2

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 non-refundable**. Any license issued is non-transferable between persons or locations.

PERSONAL INFORMATION OF ADDITIONAL APPLICANT

First Name

M.I.

Last Name

Street Number

Direction

Street Name or PO Box

If P.O. Box check here

Suffix (St, Ave, etc)

Post Dir.

Choose one

Apt/Suite/Bldg/Floor

PMB #

City

Apt Suite

Bldg Floor

State

ZIP Code

Country

US Phone

Date of Birth

Place of Birth

MM

DD

YYYY

Government Issued ID Type
(see cover page)

Government Issued ID #

Social Security Number

Age

Sex

Weight

Height

Color of Eyes Code
(see cover page)

Color of Hair Code
(see cover page)

E-mail

Have you ever been convicted of felony or misdemeanor other than a traffic citation? If YES, please list ALL prior charges, indictments or convictions, including applicable jurisdictions and dates. 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.

YES

NO

Have you ever had an adult oriented business license or any special regulatory license or permit denied, revoked or suspended? If YES, please identify 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 form. Failure to disclose this information will be grounds for denial of this license.

YES

NO

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GSPR1011



PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO ANSWER ANY QUESTIONS ON THIS APPLICATION, WITH CLEARLY DESIGNATED REFERENCES TO QUESTIONS BEING ANSWERED.



Please list ALL home addresses during the last 5 years

Date Moved / Left Address

Please list your complete employment history for the last 5 years

Employer Name

MM DD YY
From To

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

License

Jurisdiction

MM YY MM YY
Dates

This license will be utilized at the following place(s) of employment in the City of Glendale

Employer Name

Employer Address

MM DD YY

IMPORTANT NOTE TO BUSINESS OPERATORS WITH FACILITIES IN GLENDALE

Include a sketch or 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 statutes, 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 of any other law or regulation to which such activity may be subject. I accept the license authorized and issued in 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 to have this application withdrawn. Any withdrawal of application will require you to re-apply and pay any new fees.

Print Name

Title

Applicant's Signature

Date

MM DD YYYY

FOR ASSISTANCE CALL City of Glendale (623) 930-3190 (Press 1), TTY (623) 930-2197, Fax (623) 930-2186 or visit our website at www.glendaleaz.com/taxandlicense

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City of Glendale Arizona
License Application Codes

Thank you for doing business in the City of Glendale. We realize you had many options when considering where to operate your business and we are pleased you chose Glendale. We wish you success and prosperity this year and the years to come.

Please use the following list of codes to assist you in completing your application. If you have any questions, please feel free to contact our Customer Service Department at (623) 930-3190.

<u>Title Code:</u>		<u>Government Issued ID Type:</u>	
Accountant/CPA	ACC	Driver License	DRLC
Agent	AGT	Misc. Foreign ID	MFID
Attorney	ATT	Military ID	MIID
Audit Contact	AUD	Matricula Consular	MTCL
Bankruptcy Attorney	BKA	Passport	PPRT
Bankruptcy Trustee	BKT	Permanent Resident	PRES
Chief Executive Officer	CEO	Resident Alien	RESA
Chief Financial Officer	CFO	US Employment Authorization	USEA
Chairman of Board	COB	US State-issued ID	USID
Controller	CON	Visa	VISA
Director	DIR	Miscellaneous US ID	MUID
Employee	EMP		
General Partner	GEN	<u>Color of Eyes:</u>	
General Manager	GMR	Black	BL
Limited Partner	LIM	Brown	BR
Liquor Agent	LQA	Blue	BU
Member	MBR	Green	GN
Management Co	MCO	Gray	GR
Manager	MGR	Hazel	HZ
Managing Member	MMB	Pink	PK
Managing Agent	MNA	Violet	VT
Owner	OWN		
President	PRE	<u>Color of Hair:</u>	
Partner	PRT	Bald	BA
Statutory Agent	SAG	Blond	BD
Secretary	SEC	Black	BL
Shareholder	SHH	Brown	BR
Treasurer	TRE	Gray	GR
Trustee	TRU	Red	RD
Vice-President	VPR	White	WH



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AMUSEMENT DEVICE SPECIFICATION FORM

Account #

FOR CITY USE ONLY

AMU

AMOUNT DUE _____

This form is to be used to apply for new and/or additional amusement device tags. It is to be completed by the owner of the amusement device(s).

Account Name				Phone Number	
Mailing Address			City	State	Zip
Name of Device (ie: Ms Pacman)	Manufacturer (ie: Midway)	Type of Game (ie: Video)	Serial Number	Tag Number (Office Use)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

 Applicants Signature

 Date

FOR CITY USE ONLY





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 Glendale, AZ 85301
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FINGERPRINTING INFORMATION

Account #

The following instructions are intended to help you and your chosen fingerprinting agency expedite the licensing process:

1. You will need to be fingerprinted within five (5) business days of application for a city business license.
2. You will need to take a **validated** copy of your application to one of the fingerprinting agencies listed below or to your local law enforcement agency. **PLEASE CALL THE AGENCY AHEAD** to be sure they do fingerprinting. Not all law enforcement agencies offer this service.
3. The fingerprinting agency will keep the application, take a copy of your government issued photo ID and take two (2) sets of fingerprints.
4. The fingerprinting agency will send the application, copy of your photo ID and the two (2) fingerprint cards **directly** to the address listed above, attention Tax and License. **APPLICANT SHOULD NOT BRING THE CARDS BACK TO THE CITY. THESE CARDS WILL BE INVALID AND YOU WILL HAVE TO BE FINGERPRINTED AGAIN AT YOUR EXPENSE.**

Agency	**Fee	Days/Hours	
Glendale Police Dept. 6835 N. 57 TH Drive (623) 930-3099	\$10.00	Monday Wednesday	2:00PM – 4:00PM 8:00AM – 10:00AM
Nuwest Investigations 6802 N. 47 TH Avenue, Suite 8 Hamilton Building (623) 937-9676	\$9.99	Monday – Friday Saturday by appointment only	8:30AM - 4:30PM
UPS Store (Best Buy Center) 7942 W. Bell Road, Suite C-5 (623) 826-8628	\$15.00	Monday – Friday Saturday Sunday	7:30AM – 8:00PM 9:00AM – 5:00PM 11:00AM – 5:00PM
UPS Store (Next to AJ'S) 20118 N. 67 TH Avenue, Suite 300 (623) 561-6475	\$15.00	Monday – Friday Saturday Sunday	7:30AM - 7:00PM 9:00AM - 5:00PM NOON - 4:00PM
UPS Store 5350 W. Bell Road, Suite C-12 (623) 298-5411	\$11.99	Monday – Friday Saturday Sunday	8:00AM - 7:00PM 9:00AM - 5:00PM NOON – 4:00PM

** Fee set by agency and may be per card. Schedules/Fees are subject to change. Contact the agency to confirm information.

If you have any questions, please call (623) 930-3190.

