



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

SPECIAL REGULATORY INDIVIDUAL LICENSE APPLICATION



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

FOR CITY USE ONLY	
Account #	<input type="text"/>
License Type	NAICS Code <input type="text"/>
Employer #1	<input type="text"/>
Employer #2	<input type="text"/>

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 Apt/Suite/Bldg/Floor PMB # City

State ZIP Code Country US Phone - -

Date of Birth / / Place of Birth

MM DD YYYY

Social Security Number - - Government Issued ID Type (see cover page) Government Issued ID #

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

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

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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

	MM	/	DD	/	YY

Please list your complete employment history for the last 5 years

Employer Name		From		-	To

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

License	Jurisdiction	Dates
		MM / DD / YY
		MM / DD / YY

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

Employer Name	Employer Address

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

Title Code:

Accountant/CPA	ACC
Agent	AGT
Attorney	ATT
Audit Contact	AUD
Bankruptcy Attorney	BKA
Bankruptcy Trustee	BKT
Chief Executive Officer	CEO
Chief Financial Officer	CFO
Chairman of Board	COB
Controller	CON
Director	DIR
Employee	EMP
General Partner	GEN
General Manager	GMR
Limited Partner	LIM
Liquor Agent	LQA
Member	MBR
Management Co	MCO
Manager	MGR
Managing Member	MMB
Managing Agent	MNA
Owner	OWN
President	PRE
Partner	PRT
Statutory Agent	SAG
Secretary	SEC
Shareholder	SHH
Treasurer	TRE
Trustee	TRU
Vice-President	VPR

Government Issued ID Type:

Driver License	DRLC
Misc. Foreign ID	MFID
Military ID	MIID
Matricula Consular	MTCL
Passport	PPRT
Permanent Resident	PRES
Resident Alien	RESA
US Employment Authorization	USEA
US State-issued ID	USID
Visa	VISA
Miscellaneous US ID	MUID

Color of Eyes:

Black	BL
Brown	BR
Blue	BU
Green	GN
Gray	GR
Hazel	HZ
Pink	PK
Violet	VT

Color of Hair:

Bald	BA
Blond	BD
Black	BL
Brown	BR
Gray	GR
Red	RD
White	WH