

APPLICATION CHECKLIST

OFF TRACK BETTING APPLICATIONS

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

- Completed and signed application (Special Regulatory and Sales Tax)
- Picture ID
- A Detailed Floor Plan
- Operating Plan
- Security Plan
- Parking Plan and Overflow Parking Plan
- List of Owners, Managers, Employees, Officers, Directors & Shareholders
- Agreements with Race Tracks
- Copy of Ownership Type Legal Documents

Application packet is processed by:

1. Glendale Tax and Licensing Division
2. Glendale Police Department
3. Glendale Building Safety Department
4. Glendale Planning and Zoning Department
5. Glendale Fire Safety Department
6. Applications to be heard at a Public Hearing before City Council

Approval/Denial Timeframe: The approval/denial timeline not to exceed 120 days from the time the application is accepted by the city.

Upon approval, the license will be issued by mail.



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

FOR CITY USE ONLY

*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



City of Glendale
 5850 W. Glendale Ave.
 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 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

FOR CITY USE ONLY

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

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 INFORMATION FOR APPLICANTS 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

STATEMENT OF TRUTH

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

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