APPLICATION CHECKLIST

PARK AND SWAP SPECIAL REGULATORY APPLICATION - PSN

(EVERY ITEM MUST BE COMPLETE BEFORE APPLCIATION 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 (TWO SALES TAX LICENSE REQUIRED)**
- **Special Regulatory Application**

☐ **License Eligibility Form**

☐ **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.

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

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

GAPL1011

FOR CITY USE ONLY

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 | Apt/Suite/Bldg/Floor | City | State

ZIP Code | Country | US Business Phone | Extension

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

Business Start Date in Glendale (MM DD YYYY) | Reporting Method: Cash, Accrual | Number of Employees

OWNERSHIP TYPE (choose one)

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

State of Formation | Date of Formation (MM DD YYYY)

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

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

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

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

GAPL1012

City of Glendale License Application Pg 2

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 Bldg Floor | Apt/Suite/Bldg/Floor | PMB # | City

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 Bldg Floor | Apt/Suite/Bldg/Floor | City

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 Bldg Floor | Apt/Suite/Bldg/Floor | PMB # | City

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

MM DD YYYY

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

SPECIAL REGULATORY INDIVIDUAL LICENSE APPLICATION

FOR CITY USE ONLY

Account #

License Type

NAICS Code

Employer #1

Employer #2

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

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.*

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YES NO

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

GSPR1011

GSPR1012

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

From MM DD YY To MM YY

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

License Jurisdiction Dates MM YY MM YY

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**

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

GLENDALE

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.

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

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:

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

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.

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States.
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	A United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	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

FINGERPRINTING INFORMATION

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

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. 57TH Drive (623) 930-3099	$10.00	Monday Wednesday	2:00PM – 4:00PM 8:00AM – 10:00AM
Nuwest Investigations 6802 N. 47TH 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. 67TH 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.

GFPL1011
Print version 04/2010-1