

APPLICATION CHECKLIST

BINGO CLASS A, B OR C SPECIAL REGULATORY APPLICATION

GLENDALE CITY CODE CHAPTER 5

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

- Completed and Signed Application for Manager Only
- 2 Fingerprint Cards for Manager Only obtained by an independent agency
- Photo Identification
- Arizona Department of Revenue, Bingo Section Application Packet
- Bingo Application Affidavit
- Proof of 501 (C) (3) Status
- Signed Acknowledgement Statement
- Signed Fingerprint Privacy Rights Notice

One of the following:

Trade Name Registration
Articles of Incorporation
Articles of Organization
Partnership Agreement

Fees Due:

Application fee
Class A - \$35.00
Class B - \$55.00
Class C - \$80.00

Application packet is processed by:

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



City of Glendale-Licensing Office
 5850 West Glendale Avenue
 Glendale, Arizona 85301-2599
 623-930-3190
 Email: taxlic@glendaleaz.com

Business License #: _____

SPECIAL REGULATORY INDIVIDUAL LICENSE APPLICATION AND QUESTIONNAIRE

IMPORTANT NOTE—AGE REQUIREMENTS

YOU MUST BE AS LEAST 18 YEARS OF AGE AT THE TIME OF THE
 APPLICATION TO OBTAIN A LICENSE.

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
 nonrefundable. Any license issue is non-transferable between persons or
 locations.

SECTION I. APPLICANT INFORMATION

First Name:		Last Name:		M.I.:	Date of Birth:
Address:					SSN #:
City, State, Zip Code (+4):					Phone #:
Government Issue I.D #:		Type:	Email:		Sex:
Age:	Weight:	Height:	Color of Eyes:		Color of Hair:
Have you ever been convicted of a felony or misdemeanor other than a traffic citation? If YES, please list ALL prior charges, indictments or convictions, including applicable jurisdictions and dates. <u>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.</u>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had an adult oriented business license or any special regulatory license or permit revoked, denied, rejected or suspended? If YES, please list 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 application. <u>Failure to disclose this information will be grounds for denial of this license.</u>					<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION II. PREVIOUS HOME ADDRESS INFORMATION

Please list all home address during the last 5 years:

Home Address #1:	Date Moved:
Home Address #2:	Date Moved:
Home Address #3:	Date Moved:
Home Address #4:	Date Moved:
Home Address #5:	Date Moved:

SECTION III. EMPLOYMENT HISTORY INFORMATION

Please list your complete employment history for the last 5 years:

Employer Name:	From:	To:
Employer Name:	From:	To:
Employer Name:	From:	To:
Employer Name:	From:	To:
This license will be utilized at the following place(s) of employment in the City of Glendale:		
Employer Name:	Employer Address:	

SECTION IV. LICENSE AND PERMIT INFORMATION

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

License:	Jurisdiction:	Date:
License:	Jurisdiction:	Date:

IMPORTANT NOTE TO BUSINESS OPERATORS WITH FACILITIES IN GLENDALE

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

By entering your email 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 (Owner/Officer/Statutory Agent):	
Signature:	Phone #:	Date:



This Application for Bingo License Packet includes:

- Arizona Form 833 — Application for Bingo License
- Arizona Form 830 — Affidavit
- Arizona Form 832 — Endorsement by Local Governing Body

It is advisable that you obtain and review a copy of the Arizona Revised Statutes on “Games of Bingo” and the Administrative Rules prior to initiating an application. These documents outline qualifications and requirements for obtaining a bingo license and may be obtained from:

- www.azleg.gov/ and
- www.azsos.gov/public_services/table_of_contents.htm

All forms must be complete and legible. *Please type or print using black ink only.* Forms are available in a fillable pdf format at Arizona Department of Revenue (ADOR) web site www.azdor.gov. Be sure to include on your application a telephone number where you (or another party responsible for the games) can be reached during the day.

The bingo license package for **new** license and appropriate fees must be sent to and approved by the local governing body (the city council for incorporated cities or the county board of supervisors for unincorporated areas) prior to submission to the ADOR Bingo Section. Upon their approval or disapproval, the local governing body will forward the license package to the ADOR Bingo Section.

Endorsement By Local Governing Body Form

Complete lines 2, 3, and 4 of *Arizona Form 832, Endorsement by Local Governing Body* and submit to your local governing body with the bingo license package. **A bingo license cannot be issued until this form is received by the ADOR Bingo Section.**

As part of the review of your application for a bingo license, the ADOR Bingo Section will conduct an analysis of any purchase agreement for either equipment and/or real property to determine that such agreement is bona fide. This analysis is conducted pursuant to A.R.S. 5-406.F. The Bingo Section does not “approve” these agreements as to content or other legal ramifications. You are strongly advised to consult with independent legal counsel to determine your rights and obligations under these agreements.

If you need additional forms or have any questions, please call the ADOR Bingo Section in Phoenix at (602) 716-7801.

CHECKLIST:

Send copies of all documents listed below unless otherwise noted. Before mailing, check to make sure that you have included the following:

- Original** completed Application for Bingo License (Arizona Form 833).
- Original** completed affidavits (Arizona Form 830). Class B and Class C applicants must include a completed affidavit for each person participating in the conduct of your games. Class A applicants must include a complete affidavit for each person participating as a manager, proceeds coordinator and supervisors.
- Rental agreement if more than one licensee is using the same rented premises in which to hold bingo.
- Application for Special Bonus Game (Arizona Form 831) available at www.azdor.gov. If you do not conduct special bonus games do not complete the application.
- License fee payable to the Arizona Department of Revenue:

License Type	Fee
Class A	\$10.00
Class B	\$50.00
Class C	\$200.00

- The local governing body fee will be payable to the appropriate local governing entity:

License Type	Fee
Class A	\$5.00
Class B	\$25.00
Class C	\$50.00

- If applying as a **qualified organization**, a current membership list must be submitted and must indicate initial membership dates for all members of the applicant organization. Any person from any branch of the applicant who will be participating in the operation of bingo games must be included on the membership list.
- If applying as a **qualified organization**, the following must be submitted: charter documents, articles of incorporation, corporate bylaws, articles of association, minutes of the establishment meeting, and minutes of meetings for two years (two months of each year) immediately prior to the date of application for the applicant, parent and auxiliary.
- Purchase agreement for real property (where applicable).
- Purchase agreement/bill of sale for bingo equipment and supplies.
- Original** local governing body endorsement.

- Type or print in black ink and complete all information requested on this form. If you do not, your application will be returned. All information is subject to verification. If you need more space, attach additional sheets.
- **All bingo licenses expire one year from the date of issue.** To continue conducting bingo games, you must renew your license prior to the expiration date.

1 Applicant's Name	
2a Mailing Address	
2b City	State ZIP Code
3a Administrative Office Location	
3b City	State ZIP Code
4a Name of Contact Person	4b Telephone No.
4c E-mail Address	4c Fax No.

Falsification of information contained in this application constitutes a Class 6 felony.	
REVENUE USE ONLY. DO NOT MARK IN THIS AREA.	
88	
81 PM	80 RCVD

5 Class B and Class C license applicants only: If applying as a qualified organization, *check one box* to indicate the type of organization:

- Charitable Social Religious Veterans
 Fraternal Volunteer Fire Department Homeowners Association Nonprofit Ambulance Service

6 Class B and Class C license applicants only applying as a qualified organization, *provide parent or auxiliary information:*

6a Parent Name	6b Auxiliary Name
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code

7 Class B and Class C license applicants only applying as a qualified organization, *provide the date the organization was established in Arizona:*

8 Class B and Class C license applicants only applying as a qualified organization, *list the current officers of the organization:*

8a Name	8b Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code
8c Name	8d Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code

Continued on page 2 →

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.				
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Class A License	<input type="checkbox"/> Class B License	<input type="checkbox"/> Class C License
Reviewer's Name (please print)	Date	License Number	Effective Date	Expiration Date

9 Class B and Class C license applicants only: Bingo checking account information:

Checking Account Number	Bank Name	Bank Branch
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10 Class B and Class C license applicants only: Bingo interest-bearing account information:

Account Number	Bank Name	Bank Branch
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11 Class B and Class C license applicants only: List all **officers and/or supervisors** authorized to sign checks from the accounts listed above. If applying as a qualified organization, all **supervisors must be members** of the applicant:

11a Name	11b Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code

12 List the name(s) of the **one or two** persons who will serve as managers. If applying as a qualified organization, these persons **must be members** of the applicant. *Each person must submit an affidavit.*

12a Name	12b Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code

13 List the name of the **one** person designated as proceeds coordinator. If applying as a qualified organization, this person **must be an officer or director and a member** of the applicant. *Each person must submit an affidavit.*

Name	Address – Number and Street, Rural Rt., Apt. No.
Title	City State ZIP Code

14 List the name(s) of the person(s) who will serve as supervisor. If applying as a qualified organization, each person **must be a member** of the applicant. *Each person must submit an affidavit.*

14a Name	14b Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code
14c Name	14d Name
Title	Title
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code

15 List the name(s) of the person(s) who will serve as assistants. If applying as a qualified organization, each person **must be a member or new member** of the applicant. Except for "Class A" licensees, *each person must submit an affidavit.*

15a Name	15b Name
15c Name	15d Name
15e Name	15f Name
15g Name	15h Name

16 Street address of the physical location where bingo will be played:

17 Indicate the time on each respective day that bingo will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

18 List dates of proposed game cancellation if any:

19 Indicate the type of premises where bingo will be played. *Check one box.*

- a Neither rent nor mortgage will be paid from bingo funds.
- b Rented or leased. *Attach rental affidavit and copy of rental agreement.*

Landlord's Name	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code

- c Owned solely by the organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, or other related document.*

Holder of Mortgage	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code

- d Owned jointly with other organization. *Attach copy of mortgage, deed of trust, purchase agreement, escrow agreement, or other related document.*

1) Holder of Mortgage	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code
2) Co-Owner Holder:	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code
3) Co-Owner Holder:	Address – Number and Street, Rural Rt., Apt. No.		
Telephone Number (with area code)	City	State	ZIP Code

Continued on page 4 →

20 List bingo licensees who are or will be conducting bingo in the same premises as you and those licensees located within 1,000 feet of your premises:

20a Name	20b Name
Address – Number and Street, Rural Rt., Apt. No.	Address – Number and Street, Rural Rt., Apt. No.
City State ZIP Code	City State ZIP Code

21 Expected bingo expenses:

a Mortgage: \$_____ per month

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

b Rent: \$_____ per month hour occasion

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

c Janitorial Services: \$_____ per month hour occasion

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

d Accounting Services: \$_____ per month hour occasion

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

e Security Services: \$_____ per month hour occasion

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

f Bingo Supplies: \$_____ per _____

Payable to	Address – Number and Street, Rural Rt., Apt. No.
Telephone number (with area code)	City State ZIP Code

Line 21 continues on page 5 →

21 Expected Bingo Expenses, continued...

g Maximum prize payout per occasion: \$_____. *Attach game schedule that lists individual prize amounts.*

Paid to		Address – Number and Street, Rural Rt., Apt. No.		
Telephone number (with area code)		City	State	ZIP Code

h Utility Expenses:

Electric (payable to)		Address – Number and Street, Rural Rt., Apt. No.		
Account Number	Monthly Amount \$	City	State	ZIP Code

Gas (payable to)		Address – Number and Street, Rural Rt., Apt. No.		
Account Number	Monthly Amount \$	City	State	ZIP Code

Water (payable to)		Address – Number and Street, Rural Rt., Apt. No.		
Account Number	Monthly Amount \$	City	State	ZIP Code

Trash Removal (payable to)		Address – Number and Street, Rural Rt., Apt. No.		
Account Number	Monthly Amount \$	City	State	ZIP Code

22 Briefly state the specific projected use of net proceeds from games of bingo:

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I, _____, under penalty of perjury and upon oath, declare that I am duly authorized to sign and file this application. I hereby swear or confirm that I have read the foregoing application and know the contents thereof and that all information provided has been fully, accurately, and truthfully completed to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

TITLE

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

 (602) 716-7801

This affidavit must be completed by each person who wishes to assist in the conduct of any game of bingo. If any information is blank or incorrect, the affidavit will be returned to you. All information is subject to verification. Disclosure of your Social Security Number (SSN) is voluntary. This information may be used to establish positive identification for purposes of criminal background checks pursuant to Arizona Revised Statutes § 5-404.

Licensee's Name		License Number		
Position (check the appropriate boxes): <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Proceed Coordinator <input type="checkbox"/> Assistant				
Affiant's Name		REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD		
Social Security Number	Date of Birth MM DD YYYY			
Address				
City	State			ZIP Code
Home Phone No. (with area code)	Work Phone No. (with area code)			

If licensee is a qualified organization, complete the following section:

Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Joined Organization MM DD YYYY
Officers? <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer Title
Do you have an affidavit on file for any other licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list license number(s):	

I, _____, the above-named affiant, under penalty of perjury, upon oath, depose and say that I will conduct or assist in conducting all bingo games in compliance with the terms of the license, Arizona Revised Statutes, Title 5, Chapter 4, and the rules of the licensing authority. I am of good moral character and have never been convicted of any misdemeanor involving moral turpitude or felony. I have not and shall not receive any reward, compensation or recompense for my participation in the conduct of bingo games except as provided for by law. I hereby swear or confirm that I have read and understand the foregoing and verify that the information and statements made herein are true and correct to the best of my knowledge.

Signature of Affiant

Date

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019

☎ (602) 716-7801

FOR OFFICIAL USE ONLY PURSUANT TO A.R.S. § 5-404.A

- **License Applicants:** Complete lines 2, 3, and 4. Submit with entire license package to local governing body.
- **Local Governing Body:** Complete and return with license package to the Department of Revenue Bingo Section.

<input type="checkbox"/> New Application <input type="checkbox"/> Change of Location		Date M M D D Y Y Y Y	License Number
From (Name of local governing body)			REVENUE USE ONLY. DO NOT MARK IN THIS AREA. 88 81 PM 80 RCVD
Address (number and street, PO Box)			
City	State	ZIP Code	
Phone No. (with area code)			
(Empty space for additional information)			

1 This is to certify that on M M D D Y Y Y Y a hearing was conducted pursuant to Arizona Revised Statute, Title 5, Chapter 4, in the matter of:
 Application for a bingo license by the following applicant.
 Application for a bingo license location transfer.

2 Applicant's Name _____

3 Location/Address where games will be conducted: _____ City _____ State _____ ZIP Code _____

4 Fill in the time on the days games will be played:

SUN	MON	TUE	WED	THUR	FRI	SAT
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

5 Background investigations:

have have not been conducted on all individuals listed in the Bingo License Application.

6 Recommendation for the application: Approved Disapproved

7 Specific reasons for disapproval are hereby listed pursuant to A.R.S. § 5-404.1:

This endorsement must be signed by a delegated authority of the local governing body.

PRINTED NAME _____

SIGNATURE _____ DATE _____ TITLE _____

Please mail to: Arizona Department of Revenue, PO Box 29019, Phoenix, AZ 85038-9019



Bingo Application Affidavit

(To be filled out by each person designated as a manager, proceeds coordinator or supervisor for a bingo license applicant.)

STATE OF ARIZONA)
) ss
County of Maricopa)

I, _____, designated as a manager, proceeds coordinator or supervisor in the application for a new bingo license for _____ in Glendale, Arizona, hereby state as follows for purposes of complying with A.R.S. Sec. 5-404(C):

1. I do not presently serve as a manager, proceeds coordinator or supervisor for any other person or entity holding an Arizona bingo license; and
2. I am aware that A.R.S. Sec. 5-404(C) prohibits any person from serving as the manager, proceeds coordinator or supervisor for more than one Arizona bingo licensee at the same time.

Affiant’s Signature

Subscribed and sworn to before me this ____ day of _____, 20____,
by _____

Notary Public

My commission expires:



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

Tax & License Division

5850 West Glendale Avenue
Glendale, Arizona 85301-2599
(623) 930-3190



I, _____, have reviewed a copy of Glendale City Code, Chapter 5 Licenses, taxation and miscellaneous business regulations. I acknowledge that as the owner of the business, I am fully responsible for ensuring that all provisions of Chapter 5 are enforced at all times. I understand that failure to comply with Chapter 5 may result in revocation or suspension of my license. Non-compliance of any provision of Chapter 5 may also result in criminal charges as indicated.

Print name

Signature

Date



FBI Notification of Applicant Privacy Rights

Dear Applicant,

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the special regulatory license must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the special regulatory license based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under "Identity History Summary Checks" or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

Name (Print)

Date

Signature



FINGERPRINTING INFORMATION/VERIFICATION FORM

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

1. You will need to take a copy of your application to an independent fingerprinting agency 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.
2. The fingerprinting agency will keep the application, take a copy of your government issued photo ID to verify identity and take two (2) sets of fingerprints.
3. The fingerprinting agency will insert the application, fingerprint cards, copy of ID and this verification form into a sealed envelope. The applicant may deliver the fingerprints to the city as long as the envelope shows no sign of opening or tampering or the fingerprinting agency will send the envelope directly to the address listed above, attention Tax and License.
4. You may go to any outside agency to be fingerprinted, these are a few suggestions.

Agency
Glendale Police Dept. 6835 N. 57 TH Drive (623) 930-3099
Nuwest Investigations 6802 N. 47 TH Avenue, Suite 5 Hamilton Building (602) 757-5396
Arizona Livescan Various locations throughout the valley (602) 246-3444

Contact the agency for fees and hours available.

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

Fingerprint Technician Name (Print)

Fingerprint Technician Signature