

# APPLICATION CHECKLIST

## MESSAGE ESTABLISHMENT SPECIAL REGULATORY APPLICATION

### GLENDALE CITY CODE CHAPTER 22

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

- Two Fingerprint Cards obtained from an independent fingerprint agency
  
- Completed and Signed Applications:
  - \*Business license application
  - \*Special Regulatory Application
  
- Photo Identification of Owner
- Photo Identification of On-site Manager
- Photo Identification of Therapists with copy of AZ State Massage License
- Floor Plan
- Signed Massage Establishment Statement
- Signed Fingerprint Privacy Rights Notice
- License Eligibility Form (if sole proprietor)

#### One of the following:

Trade Name Registration  
Articles of Incorporation  
Articles of Organization  
Partnership Agreement

#### Fees Due:

Application fee - \$100.00  
License fee - \$250.00 (Pro-rated quarterly)  
Fingerprint processing fee - \$30.00

#### Application packet is processed by:

1. Tax and Licensing Division
2. Building Safety Department
3. Police Department
4. Planning and Zoning Department
5. Fire Safety Department
6. Approval/Denial Timeframe is approximately 6-8 weeks

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 will be notified by mail of the denial and the reason. The applicant may appeal such denial pursuant to the provisions of the code.



Licensing Office 5850 West  
 Glendale Avenue Glendale, Az  
 85301-2599  
 623-930-3190  
 Email: [taxlic@glendaleaz.com](mailto:taxlic@glendaleaz.com)

Business License #: \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

ALL LICENSE APPLICATION FEES ARE **NON-REFUNDABLE**—LATE FEES  
 APPLY IF NOT REGISTERED WITHIN 30 DAYS OF BUSINESS START DATE—  
 INCOMPLETE APPLICATION PACKETS MAY RESULT IN A DELAY IN  
 PROCESSING OR DENIAL OF THIS APPLICATION.

<b>Section I. APPLICATION TYPE - CHECK ALL THAT APPLIES</b>			
<input type="checkbox"/> New Business <input type="checkbox"/> Non-Profit (Federal Exemption Certificate required) <input type="checkbox"/> Special regulatory <input type="checkbox"/> Event/Stadium Location		<input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Change in Business    Previous City License (if applicable):	
<b>Section II. BUSINESS INFORMATION—Verify that your business is located in Glendale <a href="https://www.aztaxes.gov/AddressLookup/Index/">https://www.aztaxes.gov/AddressLookup/Index/</a></b>			
Business Name (Company, DBA, or Individual; first name, last name):		Legal Entity Name (Corporation, LLC, etc.):	
Physical Business Street Address (i.e. commercial property, retail store, restaurant— <u>NO</u> P.O. Box or PMB addresses):			
City, State, Zip Code (+4):		Business Phone #:(10 digits)	
Glendale Business Start Date:	E-Mail Address:		
	AZ State TPT License #:	Business Tax I.D (EIN/FEIN/SSN/TIN)#:	
<b>Section III. MAILING ADDRESS INFORMATION</b>			
Enter Name (if different from Section II above) or "Care of" Name:			
Mailing Address:			
City, State, Country, Zip Code (+4):		Phone # (10 digits):	
<b>Section IV. BUSINESS OWNERSHIP—must complete the Ownership Supplemental Form</b>			
<input type="checkbox"/> Sole/Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> LLC <input type="checkbox"/> Corp./Inc., State			
Owner/Officer Name:		Title:	
Home Address:		SSN #:	
City, State, Zip Code (+4):		Phone # (10 digits):	
Owner/Officer Name:		Title:	
Home Address:		SSN #:	
City, State, Zip Code (+4):		Phone #:	
<b>Section V. BUSINESS TYPE—check all that apply and provide a detailed description of your business</b>			
<b>Do you sell Liquor?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Retail <input type="checkbox"/> Advertising <input type="checkbox"/> Telecommunications <input type="checkbox"/> Use Tax (Glendale Business) <input type="checkbox"/> Home Builder/Spec. Sale	<input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Job Printing <input type="checkbox"/> Commercial Rental Property <input type="checkbox"/> Use Tax (out-of-state business with no AZ nexus) <input type="checkbox"/> Other _____	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Amusement <input type="checkbox"/> Contracting <input type="checkbox"/> Retail Food Sales <input type="checkbox"/> Personal Property Rental
Describe Nature of Business:			
<b>Section VI. GLENDALE BUSINESS PREMISE STATUS—must complete applicable Business Premise Supplemental or Questionnaire</b>			
Do you own the Business Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a Home-Based Business?	
Do you lease the Business Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, you MUST complete the Home Occupation Questionnaire</small>	
Do you rent a portion of the Business Premises to another entity or Business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<small>Postmarks are not accepted as proof of timely registration. Please remit all fees with this application and make checks payable to the City of Glendale.</small> <small>I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all privilege taxes to the Arizona Department of Revenue due to the City of Glendale. I understand that the information I provide on this application can be used for collection purposes and may become public information. I specifically understand and acknowledge that if I provide a cellular telephone number and email address on this application, the City of Glendale or any collection agencies contracted by the City can use this contact information for collection purposes on any unfilled or past due balances. <b><u>IF APPLICABLE, I UNDERSTAND THAT BY LAW, I MAY BE LIABLE FOR ANY UNPAID TAX DUE BY THE FORMER OWNER(S) OF THIS BUSINESS.</u></b></small>			
Printed Name:		Signature:	
Title (Owner/Officer/Statutory Agent):			
Date:		Phone:	



City of Glendale-Licensing Office  
 5850 West Glendale Avenue  
 Glendale, Arizona 85301-2599  
 623-930-3190  
 Email: [taxlic@glendaleaz.com](mailto: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:
<b>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></b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>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></b>					<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:
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**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](http://www.glendaleaz.com/policies.cfm) for more details on e-mail address usage.

Print Name:	Title (Owner/Officer/Statutory Agent):	
Signature:	Phone #:	Date:



**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

**Tax & License Division**

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



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I, \_\_\_\_\_, have reviewed a copy of Glendale City Code, Chapter 22 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 22 are enforced at all times. I understand that failure to comply with Chapter 22 may result in revocation or suspension of my license. Non-compliance of any provision of Chapter 22 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](http://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](http://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 <sup>TH</sup> Drive (623) 930-3099
Nuwest Investigations 6802 N. 47 <sup>TH</sup> 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**