



**ADULT SERVICE PROVIDER
 APPLICATION**

Permit Number _____

Sexually Oriented Business Ord.
 (date & initial) _____

1. Legal Name: Last _____ First _____ Middle _____
 Other name(s), aliases or stage names used in preceding 5 yrs. by which applicant has been known (including prior married name(s)) _____

2. Present Residential Address: _____
 City _____ State _____ Zip _____

3. Phone: _____ Date of Birth: _____
 Email Address: _____ Place of Birth: _____
 Mailing Address (if different): _____

4. List below any license or permit relating to a sexually oriented business or adult service: **Suspended or revoked**

Issuing Jurisdiction	Effective Dates	Suspended or revoked		If Yes, Reason
		Yes	No	

5. Have you had any criminal charges, complaints or indictments in the past three years which resulted in a conviction or a plea of guilty or no contest for organized crime or fraud or a prostitution, drug, or sexual offense? Yes No

Offense	Where Offense Occurred	Date of Offense	Court(s) Entered Into

6. Additional Information Required:
 Written proof of age, in the form of a birth certificate, current driver's license with picture, or other picture identification document issued by a governmental agency.

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE, AND I AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE CITY OF SCOTTSDALE, COUNTY OF MARICOPA, STATE OF ARIZONA. **SIGNATURE MUST BE NOTARIZED**

DATE: _____ APPLICANT'S SIGNATURE: _____

State of: _____
County of: _____
Subscribed and sworn to (or affirmed) before me this _____ day of _____ in the year 20_____
Signature of Notary Public _____
My Commission Expires _____



Arizona Dept of Public Safety
Fingerprint Compliance Program

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 job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You will be afforded a reasonable amount of time (60 days) to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit 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 Criminal 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)."

I acknowledge that I understand this information and have received a copy for my records.

Print Name

Signature

Date:_____