

**Business Services**

Office location - 7447 E. Indian School Road, #110  
Scottsdale, AZ 85251

Telephone - (480) 312-2400

Web - www.ScottsdaleAZ.gov/licenses



**AFTER-HOURS ESTABLISHMENT  
LICENSE APPLICATION**

License Number \_\_\_\_\_

Application Fee \_\_\_\_\_

After Hours Ord. (date & initial) \_\_\_\_\_

General Provisions. (date & initial) \_\_\_\_\_

License Fee \_\_\_\_\_

**Business name, telephone number, location**

BUSINESS NAME (Individual, Company or "DBA", first name first) \_\_\_\_\_ Area Code \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

STREET NO. (N,E,S,W) \_\_\_\_\_ STREET NAME \_\_\_\_\_ Type STE./APT. NUMBER  
(ST.DR.AV.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Business Start Date \_\_\_\_\_

**Business Mailing Address**

STREET NO. (N,E,S,W) \_\_\_\_\_ STREET NAME \_\_\_\_\_ Type STE./APT. NUMBER  
(ST.DR.AV.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other name(s) by which applicant has been known (include prior married name(s) & maiden name): \_\_\_\_\_

Present Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Residence Address(es) for five years immediately preceding application**

ADDRESS: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

From: \_\_\_\_\_ To: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # or Equivalent \_\_\_\_\_

Driver's License #: \_\_\_\_\_ or State of Arizona Identification License #: \_\_\_\_\_

Business occupation and employment history for the past 5 years.

**Employment Date**

From-To	Employer Name and Address	Title & Duties	Supervisor's name	Reason for Leaving

**License History**

List below any permits, professional or business license, or State liquor license, suspended, revoked, or terminated.

License Type	Issuing Jurisdiction	Effective Dates	Yes	No	If Yes, Reason	Managing Agent

**Convictions**

List any felony or misdemeanor convictions (except minor civil violations) received within the past 5 years.

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

**Business Ownership**

Type of Ownership: Individual Partnership Corporation If corporation, complete the information below.

Statutory Agent in Arizona:

\_\_\_\_\_  
BUSINESS NAME (Individual, Company or "DBA", first name first)      Area Code      Business Telephone No.

\_\_\_\_\_  
STREET NO. (N,E,S,W)      STREET NAME      Type (ST,DR,AV)      STE./APT. NUMBER

\_\_\_\_\_  
City      State      ZIP

List all persons financially interested in the business (except for corporations listed on the major stock exchange) controlling persons, local agent, managing agent

Legal Name: \_\_\_\_\_  
Last First Middle Title

Address: \_\_\_\_\_  
Street City State Telephone

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Legal Name: \_\_\_\_\_  
Last First Middle Title

Address: \_\_\_\_\_  
Street City State Telephone

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Legal Name: \_\_\_\_\_  
Last First Middle Title

Address: \_\_\_\_\_  
Street City State Telephone

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Legal Name: \_\_\_\_\_  
Last First Middle Title

Address: \_\_\_\_\_  
Street City State Telephone

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Legal Name: \_\_\_\_\_  
Last First Middle Title

Address: \_\_\_\_\_  
Street City State Telephone

**Additional Information Required**

1. Documentation of age over 18 years
2. Fingerprints if not taken at the Office of the Director, shall be taken by law enforcement agency and accompanied by a notarized verification by that agency.
3. Proof of the managing agent's authorization to act on behalf of any corporation or organization.
4. If a corporation, the articles of incorporation and a certificate of good standing, or certificate of authority to transact business if a foreign corporation.
5. If a partnership, either the partnership agreement or limited liability statement and the certificate of existence for limited and limited liability partnerships.
6. Proof of authority of any other local agent authorized to conduct daily business to act on behalf of the prospective licensee.

7. A plan of operation which complies with the requirements of section 16-586(b).
8. Evidence of a current, valid Transaction Privilege Tax License.
9. Evidence of a current, valid use permit or any other applicable zoning approval for the proposed activity issued by the City.
10. Legal description and location of the premises and lot where the proposed activity will take place, submitted on a map, drawn to scale, at least eight and one half by eleven inches, showing the dimensions of the property and the name and width of all internal and abutting streets.
11. Floor plan containing an accurate drawing to scale depicting the interior plan and layout of the premises, including all doors, exits, and entrances, service windows, rest rooms and storage areas.
12. A vicinity ownership map showing and labeling all buildings and parking lots within three hundred feet (300') of the exterior boundaries of the lot on which the establishment is located. The three hundred feet (300') measurement shall include any public property or public right-of-way.
13. A vicinity ownership list, containing names and mailing addresses, with correct zip codes, of owners of all parcels required to be shown on the vicinity ownership map. The owners shall be as shown on the last assessment of the property by the County.
14. A complex/center tenant list, containing names and mailing addresses, with correct zip codes, of tenants which share the site with proposed licensee as to use of common points of ingress and egress or common parking areas of facilities.
15. A written agreement with any property owner whose property, including parking lots which may be used by patrons of the after-hours establishment. This agreement shall include the actual address of the property, mailing address of the owner and the dimensions and proposed use of the property.

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.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



**ACKNOWLEDGMENT of UNDERSTANDING  
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # \_\_\_\_\_

DATE: \_\_\_\_\_

Business Name \_\_\_\_\_

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

**I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.**

Representative / Applicant Name: \_\_\_\_\_

Representative / Applicant Title: \_\_\_\_\_

Signature: \_\_\_\_\_

CSR Initials \_\_\_\_\_