

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 SUPPLEMENTAL APPLICATION

License Number _____

Records Check _____

After Hours Ord. (date & initial) _____

General Provisions (date & initial) _____

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
(ST.DR.AV.) _____

STE./APT. NUMBER _____

City _____

State _____

ZIP _____

Business Mailing Address

STREET NO. (N,E,S,W) _____

STREET NAME _____

Type
(ST.DR.AV.) _____

STE./APT. NUMBER _____

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 #: _____

Employment/Prior Business for the past 5 years: Begin with most recent job.

Employment Date

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

License History

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

License Type	Issuing Jurisdiction	Effective Dates	Yes	No	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

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.

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: _____