

**Business Services**  
Office location - 7447 E. Indian School Road, #110  
Scottsdale, AZ 85251  
Telephone - (480) 312-2400  
Web - www.ScottsdaleAZ.gov/licenses



## LICENSE APPLICATION MAGIC ARTS ESTABLISHMENT

**THIS APPLICATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN SCOTTSDALE. LICENSE FEES ARE NOT REFUNDABLE.**

### SECTION I. OFFICE USE ONLY

License Number _____	Account Number _____	Miscellaneous Business License Ord. (date & initial) _____	License Fee: <b>\$100.00</b>
Comments: _____		General Provisions Ord. (date & initial) _____	Make Check Payable To: City of Scottsdale

### SECTION II. BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS/RENTAL LOCATION AND START DATE

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 _____	Email Address _____

**START DATE OF BUSINESS IN SCOTTSDALE** \_\_\_\_\_

### SECTION III. BUSINESS MAILING ADDRESS, MOBILE TELEPHONE AND APPLICANT NAME

STREET NO. (N,E,S,W) _____	STREET NAME _____	Type (ST.DR.AV.) _____	STE./APT. NUMBER _____
City _____	State _____	ZIP _____	
APPLICANT NAME (Individual or Corporation/Partnership operating business. (First name First) _____		Area Code _____	Mobile Number _____

### SECTION IV. BUSINESS OWNERSHIP AND RECORD LOCATION

1. TYPE OF OWNERSHIP: INDIVIDUAL  LLC/PARTNERSHIP  CORPORATION ; STATE OF INCORPORATION: \_\_\_\_\_

2. NAME OF OWNERSHIP, PARTNER(S) OR OFFICERS      TITLE      BIRTH DATE      HOME ADDRESS      HOME PHONE

\_\_\_\_\_

3. LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS:  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

4. CORPORATE STATUTORY AGENT:  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

### SECTION V. BUSINESS TYPE, STATUS, IDENTIFICATION

5. **BUSINESS TYPE:** Retailer  Service  Wholesale   
Describe nature of business \_\_\_\_\_

6. CHECK ONE: New owner of existing business  or new Business

7. If applicable, name of former business owner \_\_\_\_\_ Permit No. \_\_\_\_\_

8. Name of Applicant's previous or other current business in Scottsdale \_\_\_\_\_ Permit No. \_\_\_\_\_

9. IDENTIFICATION: # of Employees \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

### SECTION VI. BUSINESS PREMISES STATUS

10. CHECK ONE: A) Do you own your business premises? Yes  No  Is this your Residence Yes  No   
B) If yes, do you rent or lease to another party? Yes  No  Your rental permit number if applicable \_\_\_\_\_

11. CHECK ONE: A) Do you rent your business premises from another party? Yes  No   
B) If yes, Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
C) Do you sublease a portion of the business premises to another party? Yes  No

I CERTIFY THAT THE INFORMATION AND STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT FURNISHING FALSE INFORMATION, OR TO WITHHOLD INFORMATION ON THIS APPLICATION, IS SUFFICIENT CAUSE TO DENY THE ISSUANCE OF A LICENSE/PERMIT TO ME. **APPLICATION FEES ARE NON-REFUNDABLE AND INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.**

Date: \_\_\_\_\_

Signature of Owner, Partner or Officer \_\_\_\_\_

FSCS2004-633MAE (02/19)



**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 \_\_\_\_\_