



City of Phoenix

AMUSEMENT LICENSE APPLICATION

ACCOUNT # :

License Type	Application Fee	License Fees
Coin Operated Game Machine	\$110.00	\$10.00 annually. Monthly fee in the amount of \$1.50 per machine per month, with a \$3.00 monthly minimum. \$5.00 per game initially for tagging
Concession Games		\$12.50 per day per game per event \$5.00 per game initially for tagging
Concessionaire	\$110.00	\$10.00 annually
Game Center	\$150.00	\$40.00 annually
Pool Hall	\$150.00	\$40.00 annually per table
Ride	\$110.00	\$40.00 annually per ride \$5.00 per ride initially for tagging
Teenage Dance Hall	\$180.00	\$300.00 annually

ALL APPLICATION AND LICENSE FEES ARE NON-REFUNDABLE [P.C.C. § 7-13(A)] AND SUBJECT TO ANNUAL REVIEW.

1. Which license type are you applying for?

Coin Operated Game Concessionaire Game Center Pool Hall Rides Teenage Dancehall

2. Applicant (Business Owner): If an individual, list full name. If a fictitious entity, list exact name as set forth in organizational documents and list individual applicants below.

3. Ownership Type: (Check one)

- Individual Corporation
 Partnership LLC
 Other (specify) _____

4. Business Name ("dba"):

5. Date: / /

6. Business Location:

Street Address (include Apt./Suite #)

City, State, Zip

7. Mailing Address for City Notices:

Street Address (include Apt./Suite #)

City, State, Zip

8. Business Phone:

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9. Business Fax:

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10. Business Email:

11. If Fictitious Entity (Business):

For ALL Businesses: List the managers of the business.

For a Corporation: List all officers and directors, and shareholders who hold more than 10% of the shares of the corporation.

For a Non-Corporate Business: List any person who shares in the profits of the business on the basis of gross or net revenue.

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Each individual listed above must complete and attach a separate "Application Information for Manager or Person Financially Interested Form."

Provide the name, address and phone number of your STATUTORY AGENT:

12. Provide the name of the PRINCIPAL MANAGER for the business [Required pursuant to P.C.C. § 7-9(B)(13)]:

If other than the applicant, must complete and attach a separate "Application Information for Manager or Person Financially Interested Form."

13. For Teenage Dancehall – Have you provided a sketch or diagram of the business premises? Yes No

AMUSEMENT APPLICANT INFORMATION FORM

OWNERSHIP TYPE - INDIVIDUAL

Business Name ("dba"):

Account #:

14. Applicant's Full Legal Name:

15. All other names used in past 5 years

(Include any shortened names or maiden names. If none, write "NONE.")

16. Place of Birth:

17. Date of Birth:

/ /

18. Height:

19. Weight:

20. Eye Color:

21. Hair Color:

22. Applicant's Residence Address:

Street Address (include Apt./Suite #),

City, State, Zip

23. Home Phone Number:

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24. Message Number:

()

25. Email Address:

26. Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.

Type of I.D.:

I.D. Number:

State:

Expires:

27. Have you ever been convicted of, or entered a plea of guilty or "no contest", to any felony or misdemeanor offense?

Yes No *If yes, please list the date, jurisdiction and disposition:*

____ Additional info attached

28. Have you ever had a business license denied, suspended, or revoked?

Yes No *If yes, please list the date, jurisdiction, and reason:*

____ Additional info attached

29. Have you ever entered into a Consent Agreement with the City of Phoenix City Clerk Department?

Yes No *If yes, please list the date of the Consent Agreement.*

____ Additional info attached

30. I swear under penalty of perjury that I have read the foregoing application and that all of the information and statements made herein are true and correct.

Applicant Signature

Title (if applicable)

Date

For Staff Use Only

Corporate Docs	Tag Request	TDH Diagram	TDH List of Days & Hours	Fingerprints	Cashier	Staff Initials
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	

Approved Disapproved

License Services Supervisor

Date

Approved Disapproved

Police Planning DSD (For Pool Halls Only)

Date

Attach memo if recommending disapproval.

AMUSEMENT APPLICANT INFORMATION FORM

OWNERSHIP TYPE - FICTITIOUS ENTITY (BUSINESS)

All information requested on this form is for the fictitious entity (business).

Business Name ("dba"): _____	Account #: _____
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14. Applicant's Full Legal Name (Business Entity): _____

15. All other DBA names used in past 5 years <i>(If none –write "NONE.")</i> : _____	16. Place of Formation: _____
17. Date of Formation: ____/____/____	

18. Applicant's Address (Business Entity): _____
Street Address (include Apt./Suite #), *City, State, Zip*

19. Phone Number: () _____	20. Message Number: () _____	21. Email Address: _____
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22. Has a copy of the entity's articles of incorporation, articles of organization, partnership agreement, or other organizational document been included with this application?

Yes No

23. Has the entity ever been convicted of, or entered a plea of guilty or "no contest", to any felony or misdemeanor offense?

Yes No *If yes, please list the date, jurisdiction and disposition:* _____

____ Additional info attached

24. Has the entity ever had a business license denied, suspended, or revoked?

Yes No *If yes, please list the date, jurisdiction, and reason:* _____

____ Additional info attached

25. Has the entity ever entered into a Consent Agreement with the City of Phoenix City Clerk Department?

Yes No *If yes, please list the date of the Consent Agreement.* _____

____ Additional info attached

26. I swear under penalty of perjury that I have read the foregoing application and that all of the information and statements made herein are true and correct.

 Printed Name Title Signature Date

For Staff Use Only						
Corporate Docs	Tag Request	TDH Diagram	TDH List of Days & Hours	Fingerprints	Cashier	Staff Initials
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ License Services Supervisor _____ Date	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved _____ <input type="checkbox"/> Police <input type="checkbox"/> Planning <input type="checkbox"/> DSD (For Pool Halls Only) _____ Date					<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Attach memo if recommending disapproval. </div>

AMUSEMENT APPLICATION INFORMATION FOR MANAGER OR PERSON FINANCIALLY INTERESTED

Business Name ("dba"): _____

Account #: _____

Applicant's Full Legal Name: _____

All other names used in past 5 years

(Include any shortened names or maiden names. If none, write "NONE.")

Place of Birth: _____

Date of Birth: _____ / _____ / _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Applicant's Residence Address: _____

Street Address (include Apt./Suite #),

City, State, Zip

Home Phone Number:

() _____

Message Number:

() _____

Email Address: _____

Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.

Type of I.D.: _____

I.D. Number: _____

State: _____

Expires: _____

Have you ever been convicted of, or entered a plea of guilty or "no contest", to any felony or misdemeanor offense?

Yes No

If yes, please list the date, jurisdiction and disposition:

____ Additional info attached

Have you ever had a business license denied, suspended, or revoked?

Yes No

If yes, please list the date, jurisdiction, and reason:

____ Additional info attached

Have you ever entered into a Consent Agreement with the City of Phoenix City Clerk Department?

Yes No

If yes, please list the date of the Consent Agreement.

____ Additional info attached

I swear under penalty of perjury that I have read the foregoing application and that all of the information and statements made herein are true and correct.

Signature

Title

Date

For Staff Use Only

Fingerprints

Cashier

Staff Initials

Approved Disapproved

Approved Disapproved

License Services Supervisor

Police

Date

Date

Attach memo if recommending disapproval.



City of Phoenix

TEENAGE DANCEHALL HOURS OF OPERATION FORM

Business Name ("dba"):

Account Number:

THIS FORM REPLACES ANY EARLIER SCHEDULE OF DATES AND HOURS OF OPERATION. THE DATES AND HOURS YOU PROVIDE ON THIS SCHEDULE WILL BE YOUR NEW SCHEDULE AND MUST BE FOLLOWED UNTIL YOU SUBMIT A NEW FORM LIKE THIS ONE.

PLEASE PROVIDE THE HOURS OF OPERATION FOR THE TEEN DANCEHALL BASED ON THE TYPE OF SCHEDULE

Fixed Weekly Schedule

Day of the Week

From:

To:

M T W TH F SAT SUN

_____ AM / PM

_____ AM / PM

M T W TH F SAT SUN

_____ AM / PM

_____ AM / PM

M T W TH F SAT SUN

_____ AM / PM

_____ AM / PM

Fixed Monthly Schedule

Day of the Month

From:

To:

1st/ 2nd/ 3rd/ 4th/ 5th - M T W TH F SAT SUN

_____ AM / PM

_____ AM / PM

1st/ 2nd/ 3rd/ 4th/ 5th - M T W TH F SAT SUN

_____ AM / PM

_____ AM / PM

1st/ 2nd/ 3rd/ 4th/ 5th - M T W TH F SAT SUN

_____ AM / PM

_____ AM / PM

Specific Dates

Date

From:

To:

_____ AM / PM

_____ AM / PM

_____ AM / PM

_____ AM / PM

_____ AM / PM

_____ AM / PM

I swear under penalty of perjury that all of the information submitted on this form is true and correct.

Applicant Signature

Title (if applicable)

Date

City Clerk Directives for Change in Information for Teenage Dancehall Dates or Hours

Affected Information: Any addition to the dates or hours previously provided to the City Clerk must be completed at least ten (10) calendar days *prior* to any change. Any deletion to the dates or hours previously provided to the City Clerk must be made at least one (1) City business day *prior* to the change. P.C.C. § 7-9(E)

Reporting Form: City Clerk License Services Teenage Dancehall Hours of Operation Form

Acceptable Reporting Methods:

In Person at: City Clerk Department, 200 W. Washington Street, 1st Floor, Phoenix AZ 85003-1611

Through Facsimile: 602-495-0783

Through email: licenseservices@phoenix.gov

For Staff Use Only

Blank & Copy to Licensee

Date

Staff Initials





City of Phoenix

TEENAGE DANCEHALL SKETCH OR DIAGRAM FORM

THE DIAGRAM YOU ARE PROVIDING WITH THIS FORM WILL BE YOUR NEW DIAGRAM AND REPLACES ANY EARLIER SKETCH OR DIAGRAM PROVIDED UNTIL YOU SUBMIT A NEW FORM LIKE THIS ONE.

THE SKETCH OR DIAGRAM PROVIDED MUST SHOW THE CONFIGURATION OF THE OVERALL BUSINESS PREMISES AND THE AREA TO BE LICENSED AS FOLLOWS: FOR A TEENAGE DANCEHALL, A CLEARLY LEGIBLE SKETCH OR DIAGRAM SHOWING THE OVERALL BUSINESS PREMISES AND THE AREA TO BE LICENSED DRAWN ON ONE PAGE MEASURING 8 1/2 BY 11 INCHES WITH MARKED DIMENSIONS OF THE INTERIOR OF THE PREMISES TO AN ACCURACY OF PLUS OR MINUS SIX INCHES. PCC § 7-9 (B.17)

1. Business Name (“dba”):

2. Account #:

3. Date:

/ /

4. Have you provided a sketch or diagram of the business premises with this form?

Yes No

5. I swear under penalty of perjury that all of the information submitted on and with this form is true and correct.

Applicant Signature

Title (if applicable)

Date

City Clerk Directives for Change in Configuration of a Teenage Dancehall

Affected Information: Any change to the overall business premises or area licensed. P.C.C. § 7-9(F)

Reporting Form: City Clerk License Services Teenage Dance Sketch or Diagram Form

Acceptable Reporting Methods:

In Person at: City Clerk Department, 200 W. Washington Street, 1st Floor, Phoenix AZ 85003-1611

Through Facsimile: 602-495-0783

Through email: licenseservices@phoenix.gov

For Staff Use Only

Blank & Copy to Licensee

Date

Staff Initials

CONCESSION GAME EVENT NOTIFICATION FORM

Business Name (“dba”): _____

Account Number: _____

Type of Notification:

New notification

Update to notification previously submitted on _____ Date

Event Information (Please complete a separate form for each event.)

Event Location: _____

Street Address (include Apt./Suite #), City, State, Zip Code

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Date: _____

Number of Games: _____

Total # of Games: _____

If this is an update to a previously submitted notification, please briefly describe the changes made:

I swear under penalty of perjury that all of the information submitted on this form is true and correct.

Applicant Signature _____

Title (if applicable) _____

Date _____

City Clerk Directives for Change in information for Concession Game Events

Affected Information: Any change to the dates of events or any change to the number of machines in use at an event previously provided to the City Clerk must be made at least one (1) City business day *prior* to any change. P.C.C. § 7-9(G)

Reporting Form: City Clerk License Services Concession Game Event Notification Form

Acceptable Reporting Methods:

In Person at: City Clerk Department, 200 W. Washington Street, 1st Floor, Phoenix AZ 85003-1611

Through Facsimile: 602-495-0783

Through email: licenseservices@phoenix.gov

For Staff Use Only

COE Added	Blank & Copy to Licensee	Cashier	Date	Staff Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Amusement Ordinance
Authorization to Apply for Change in Ownership or Control

I (print full name of owner or authorized agent), _____, certify that (print full name of new applicant) _____ is authorized to apply for a change in ownership of (state name of business) _____, license no. _____.

I am the (check one): () business owner, () authorized agent of the business owner.

If I am the authorized agent, I further certify that I am authorized to complete and execute this document on behalf of the owner of the business identified herein, and that my address and telephone number are as follows:

_____.

I understand that this document will form part of an application submitted to the City of Phoenix by the applicant named herein, that this document is a public record, and that the falsification of this document may be a crime punishable as a class 6 felony.

Signature of Owner or Authorized Agent

STATE OF ARIZONA)
) ss.
County of Maricopa)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, by _____
(Name of owner/authorized agent)

Notary Public

I (name of applicant), _____, certify that to the best of my knowledge this document is complete and accurate, and I acknowledge that the submission of this document if known to be false is a crime, punishable as a class 6 felony.

Signature of applicant

STATE OF ARIZONA)
) ss.
County of Maricopa)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, by _____
(Name of applicant)

Notary Public



City of Phoenix

AMUSEMENT APPLICATION FOR CHANGE IN OWNERSHIP OR CONTROL FOR FICTITIOUS ENTITY (BUSINESS)

ACCOUNT # :

Application Fee: \$70.00.

ALL APPLICATION FEES ARE NON-REFUNDABLE [PCC § 7-13 (A)] AND SUBJECT TO ANNUAL REVIEW.

1. Business Name ("dba"): 2. Applicant's Business Title:

3. Applicant's Full Legal Name:

4. All other names used in past 5 years 5. Place of Birth: 6. Date of Birth: 7. Height: 8. Weight: 9. Eye Color: 10. Hair Color:

11. Applicant's Residence Address: Street Address (include Apt./Suite #), City, State, Zip

12. Home Phone Number: 13. Message Number: 14. Email Address:

15. Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.

Type of I.D.: I.D. Number: State: Expires:

16. Have you ever been convicted of, or entered a plea of guilty or "no contest", to any felony or misdemeanor offense? If yes, please list the date, jurisdiction and disposition: Additional info attached

17. Have you ever had a business license denied, suspended, or revoked? If yes, please list the date, jurisdiction, and reason: Additional info attached

18. Have you ever entered into a Consent Agreement with the City of Phoenix City Clerk Department? If yes, please list the date of the Consent Agreement. Additional info attached

19. I swear under penalty of perjury that I have read the foregoing application and that all of the information and statements made herein are true and correct.

Applicant Signature Date

For Staff Use Only

Fingerprints Authorization Form Cashier Staff Initials

Approval checkboxes for License Services Supervisor, Police, and Cashier. Includes a box for 'Attach memo if recommending disapproval.'



City of Phoenix
CITY CLERK DEPARTMENT
LICENSE SERVICES

ADDITIONAL APPLICATION INFORMATION

The following information is provided pursuant to Arizona Revised Statutes (A.R.S.) Section 9-834(H).

9-834. Prohibited acts by municipalities and employees; enforcement; notice

- A. A municipality shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.
- B. Unless specifically authorized, a municipality shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C. This section does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes.
- D. A municipality shall not request or initiate discussions with a person about waiving that person's rights.
- E. This section may be enforced in a private civil action and relief may be awarded against a municipality. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a municipality for a violation of this section.
- F. A municipal employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the municipality's adopted personnel policy.
- G. This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.

A full copy of the Arizona Revised Statutes may be found on-line at: www.azleg.gov.