

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



**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 _____