



INSTRUCTIONS FOR COMPLETING THE CITY OF SURPRISE BUSINESS LICENSE APPLICATION FOR SEXUALLY ORIENTED BUSINESSES, TATTOO AND MASSAGE ESTABLISHMENTS

Important: You must complete each of the sections below or your Application will be returned unprocessed.

USE THIS APPLICATION TO:

- **License a New Business:** A new business with no previous owners
- **Change Ownership:** If acquiring or succeeding to all or part of an existing business or changing the business entity (sole owner to corporation, etc.)
- **License an Existing Business at a New Location:** If business is moving to a different address located within the City of Surprise. If you need to update information recorded on your license account, please provide written notification of the changes including your business name and license account number.

SECTION A: BUSINESS INFORMATION (see Page2)

1. Enter the **legal business name** of the owner or employing unit (name of corporation as listed in its articles of incorporation, or individual and spouse, or organization owning or controlling the business).
2. Enter the name of the business/**DBA (doing business as)**. If same as #1 above, enter "same."
3. Enter the **physical location** of the business. This cannot be a P.O. Box or route number.
3. a & b Enter the **square footage** for the commercial or residential business.
4. Enter the **business telephone number**, including the area code.
5. Enter the **business fax number**, including the area code.
6. Enter the **mailing address** where all correspondence is to be sent. You may use your home address, corporate headquarters, or accounting firm's address, etc.
7. Enter a **email address** if applicable.
8. Enter a **Web address** if applicable.
9. Enter a **start date** of business/activity.
10. Indicate the **number of employees** that will work at this location.
11. Enter the **Federal Employer Identification Number (FEIN)**. The FEIN is required for all employers.
12. Enter the **Social Security Number** of sole proprietors that do not have an FEIN number established.
13. Identify the **ownership** type for the business.
14. Identify the **owners of the business**. Enter as many as applicable; attach a separate sheet if additional space is needed.
15. Enter the **license/account/file numbers and provide copies of any additional state/county/federally-issued licenses**.

SECTION B: BUSINESS ACQUISITION INFORMATION (see Page 3)

1. Enter the date the business was **acquired**.
2. Enter the name of the **Previous Owner(s)**.
3. Enter the former **Business Name**, if different.

SECTION C: LANDLORD INFORMATION (see Page 3)

1. Enter the name of your **landlord**.
2. Enter the **mailing address** of your landlord.
3. Enter the **telephone number** of your landlord.
4. Indentify if occupancy is a sublease.

SECTION D: BUSINESS TYPE/BUSINESS ACTIVITY (see Page 3)

1. Describe the major business activity (principal product you manufacture, commodity sold, or services performed). Your description of the business is very important because it determines your license classification and corresponding licensing fee.

SECTION E: APPLICANT SIGNATURE (see Page 3)

The application **must** be signed by a representative of the business.

PUBLIC SAFETY EMERGENCY CONTACT INFORMATION SHEET (see Page 4)

This form will be used for after hour's emergencies.

SECTION F: SUPPLEMENTAL BUSINESS INFORMATION (see Page 5 & 6)

1. Answer questions identified and provide supplemental documentation as listed.
2. Answer questions identified and provide supplemental documentation as listed

Licensing Eligibility Requirement (ARS §41-1080) (Page 7) Provide proof of lawful presence in the United States
Licensing Eligibility Verification Form Non-Sole Proprietor (Page 8) Provide license #, business name, address, sign and date



FINANCE DEPARTMENT
ATTN: Business Licensing
 16000 W Civic Center Plaza
 Surprise, AZ 85374-7470
 Ph: 623-222-1836
 Fax: 623-222-1803
 TTY: 623-222-1002

**BUSINESS LICENSE APPLICATION FOR
 SEXUALLY ORIENTED BUSINESSES,
 TATTOO AND MASSAGE
 ESTABLISHMENTS**

IMPORTANT: This application must be **approved before** you may lawfully engage in business in the City of Surprise. A separate license is necessary for **each** business location. **AN ASTERISK (*) INDICATES REQUIRED INFORMATION**

SECTION A: BUSINESS INFORMATION (Please print legibly or type the information on this application)

1. Legal Business Name*			
2. Business or DBA (doing business as) name*			
3. Physical Location of Business (Street, City, State and Zip Code)* -- do not use a P.O. Box or Route Number			
3a.	Commercial -	sq ft*	3b. Home Based -
			sq ft*
4. Business Phone Number (<i>this number is made available to the public</i>)		5. Business Fax Number	
6. Mailing Address*			
7. Email Address (if applicable)		8. Web Address (if applicable)	
9. Start Date of Business/Activity in Surprise*		10. # of employees at location*	
11. Federal Employer Identification Number (required for employers and entities other than Sole Proprietors)*			
12. Social Security Number (Sole Proprietors)*			
13. Type of Ownership (check all below that apply):*			
<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Association	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sub-Chapter S Corporation	<input type="checkbox"/> Other (identify): _____	
14. Identification of Owners, Partners, Corporate Officers, Members (or Managing Members)*			
Name (First, MI, Last)*	Title*	Complete Residential Address*	Telephone Number*
15. Enter the Certificate/License number(s) and provide copies of the following items (if applicable to your business type):*			
Arizona Transaction Privilege Tax License		<input type="checkbox"/> Copy	License #
County Health Certificate(s)		<input type="checkbox"/> Copy	License #
Any applicable state-issued professional license(s)		<input type="checkbox"/> Copy	License #
Articles of Incorporation/Articles of LLC		<input type="checkbox"/> Copy	File #
501(c)3 Letter of Determination issued by the IRS		<input type="checkbox"/> Copy	

BELOW FOR OFFICIAL CITY USE ONLY

APPROVED	NOT APPROVED	Authorized signature/ Date Authorized: _____	City License# _____
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SECTION B: BUSINESS ACQUISITION INFORMATION
(complete this section if you acquired all or part of an existing business)

1.	Date Acquired*
2.	Name(s) of Previous Owner(s)*
3.	Former Name of Business (if different)

**If you purchased a business, be sure all taxes and licensing fees have been paid by the former owner(s).
YOU MAY BE LIABLE FOR ANY UNPAID FEES.**

SECTION C: LANDLORD/PROPERTY MANAGEMENT COMPANY INFORMATION
(complete this section if renting property in the City of Surprise)

1.	Name*
2.	Address*
3.	Telephone Number*
4.	Is this a sublease * <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION D: BUSINESS TYPE/BUSINESS ACTIVITY

1.	Description of Business*
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SECTION E: APPLICANT SIGNATURE

Under penalty of perjury I, the applicant, declare that the information provided on this application is true and correct. This authority is to remain in full force and effect until the City of Surprise has received written termination notification.

Type or Print Name* _____	Date* _____
Signature* _____	Title* _____

WRITTEN NOTIFICATION IS REQUIRED TO CLOSE A BUSINESS LICENSE ACCOUNT

FAILURE TO PAY WILL NOT RESULT IN CLOSURE OF A BUSINESS LICENSE ACCOUNT



POLICE DEPARTMENT
Attn: Communications
14250 West Statler Plaza
Surprise, AZ 85374-7470
Ph: (623) 222-4000
Fax: (623) 222-4001
TTY: (623) 222-4004

Public Safety Emergency Contact Information*

Dear Business Owner:

In an effort to provide you with better service, we ask that you take a few minutes to complete the following information. This information will be used by the police department, after hours, in the event of a problem at your business. *The information will remain confidential.*

Person(s) to contact in case of an emergency. (Preferably 30 minutes or less arrival time.)

1. Name _____ Date of Birth _____
Address _____ Home Phone _____
Cell Phone _____ Pager _____

2. Name _____ Date of Birth _____
Address _____ Home Phone _____
Cell Phone _____ Pager _____

Alarm Company Information

Name _____ License # _____
Address _____ Phone # _____

Thank you for your assistance.

SECTION F: SUPPLEMENTAL BUSINESS INFORMATION

**F-1 TATTOO/BODY PIERCING ARTISTS/ESTABLISHMENTS (Chapter 26 Article VI)
MESSAGE ESTABLISHMENTS/ON-SITE MANAGERS (Chapter 26 Article IV)
SEXUALLY-ORIENTED BUSINESSES (Chapter 26 Article V)**

Legal Name and Current Residential Address of Applicant:*

Any names by which the applicant has been known during the previous five (5) years (aliases, stage names, etc.):*

Any residential addresses immediately prior to the present address and the dates of residence at each address, for the last five (5) years:*

Applicant Description:*

Height _____ Weight _____ Hair Color _____ Eye Color _____ Gender: Male Female

Date of Birth:*

The business, occupation or employment history of the applicant during the previous five (5) years:*

The business license history of the applicant, including any revocations or suspensions in this or another city or state, the reason(s) for such revocations or suspensions, and the business activity or occupation subsequent to any suspension or revocation:*

Please list all felony or misdemeanor convictions, excluding those for minor traffic offenses, and the grounds for the conviction:*

Please list any education, training and experience in the administration, practice, or use of tattoo/body piercing/massage techniques:*

Provide the following items:*

- Written statements of at least two (2) responsible adult persons stating the applicant is of good moral character.
- Written proof that the applicant is at least 18 years of age.
- Two (2) portrait photographs, at least two (2) inches in size; taken within the last six (6) months.
- Applicant's fingerprint card, provided by the City, and printed by the City of Surprise Police Department (fees apply)
- Copies of any diplomas or credentials from schools or institutions of learning.
- Proof of training in blood-borne pathogens and cross-contamination.

SECTION F: SUPPLEMENTAL BUSINESS INFORMATION

F-2 SEXUALLY-ORIENTED BUSINESSES:

Name and address of statutory agent or other agent authorized to receive service of process:*

Name(s) of any sexually-oriented business managers who will have actual supervisory authority over the operations of the business:*

Provide the following:*

An accurate, drawn-to-scale, but not necessarily professionally drawn, floor plan of the business premises clearly indicating the location of one or more manager's stations.

Please complete the following information for the applicant if the applicant is an individual. If the applicant is an enterprise, please complete this section for each officer, director, general partner and all other persons with authority to participate directly in decisions relating to the management of the business.

Applicant's Full Name:*

Please list any aliases or stage names used:*

Current residential mailing address (Street, City, State and Zip Code):*

Current residential telephone number:*

Provide written proof of age (copy of birth certificate, copy of driver's license with picture, or other picture identification issued by a governmental agency).*

Provide a copy of any currently issued or previously issued license relating to a sexually-oriented business or adult service and whether or not such license or permit has been revoked or suspended, and, if so, the reason or reasons therefore.*

Please list all criminal charges, complaints, or indictments which resulted in a conviction or a plea of guilty or no contest:*

The information supplied in this application shall be supplemented in writing by certified mail to the director within ten (10) working days of a change of circumstances which would render the information originally submitted false or incomplete.



Finance Department
ATTN: Business Licensing
 16000 N. Civic Center Plaza
 Surprise, Arizona 85374-7470
 Phone: 623-222-1836
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LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)

Last Name:	First Name:	Middle Name:
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On May 1, 2008 Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a “licensing eligibility” section (Arizona Revised Statutes § 41-1080) preventing a state/city agency from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law.

To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top).

Failure to complete and submit this form to the above cited address and/or the falsification of any information provided herein shall subject applicant to denial, cancellation, or revocation of the business license. Only provide one of the following forms of identification (mark an “X” next to the one you are submitting):

- 1. An Arizona drivers license issued after 1996 or an Arizona non-operating identification license.
- 2. A drivers license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NM, TX, UT, and WA are not acceptable).
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.

This does not apply to an individual, if **all** of the following apply:

- 1. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
- 2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States and or that I am a citizen of a foreign country at the time of application, I reside in a foreign country and all benefits related to the license do not require me to be present in the United States in order to receive those benefits.

FULL SIGNATURE OF LICENSEE

DATE



City of Surprise
Licensing Eligibility Verification Form
Non-Sole Proprietor

Complete and return as specified in cover letter to:

City of Surprise
Finance Department
Revenue Division
16000 N. Civic Center Plaza
Surprise, Arizona 85374-7470

A.R.S. §41-1080 requires as a condition of issuing a business license verification of legal immigration status of the applicant through the production of identification listed in the statute. To satisfy the requirements of A.R.S. §41-1080 in situations where the applicant is not a sole proprietor, you must verify the applicant's compliance with the requirements of A.R.S. §41-4401 (E-Verify).

By completing and signing this form, applicant shall attest that it meets all conditions contained herein. Failure to complete and submit this form on or before the requested date to the above cited address and/or the falsification of any information provided herein shall subject the applicant to revocation of the business license.

Business License # (if for a renewal):		
Name (as listed on the business license):		
Street Name and Number:		
City:	State:	Zip Code:

I hereby attest that the applicant complies with the Federal Immigration and Nationality Act (FINA), all other federal immigration laws and regulations, and A.R.S. §23-214 related to the immigration status of its employees.

Signature of Applicant or Authorized Designee:		
Printed Name:		
Title:		
Date (month/day/year):		