



**Planning & Development
Department
ADULT SERVICE
MANAGER/PROVIDER APPLICATION**



Fee:	Permit Number:	Expiration Date:
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180 day expiration date: _____ on Temporary Badge

1. Legal Name: Last _____ First _____ Middle _____
Other name(s) used by applicant, including stage names.

2. Present Residential Address: _____

City _____ State _____ Zip _____ Phone _____

Mailing Address if different than above _____

3. List below any license or permit related to any adult oriented business or adult service.

Type	Issuing Jurisdiction	Effective Date	Suspended or Revoked within the past 2 years		If Yes, Please Explain
			Yes	No	

4. Have you had any criminal charges, complaints or indictments in the past three years, which resulted in a conviction or a plea of guilty, or indictments in the past three years, which resulted in a conviction or a plea of guilty, or no contest for organized crime, fraud, prostitution, drug or sexual offense?

Yes No If yes, please fill in offense below:

Offense	Where Offense Occurred	Date of Conviction	Court(s) Entered Into

5. Additional information required:
Written proof of age in the form a birth certificate, current drivers license with picture, or other picture identification document issued by a government agency.
__ Drivers Lic. (state __), __ State ID (state __), __ Birth Cert. (state __), __ Other (type)

I HEREBY CERTIFY THAT ALL ANSWERS TO QUESTIONS ON THIS QUESTIONNAIRE ARE TRUE AND COMPLETE. I AGREE AND UNDERSTAND THAT ANT FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO BE LICENSED IN THE COUNTY OF MARICOPA, STATE OF ARIZONA, (Signature must be notarized)

Applicant's signature: _____

Signed before me this ____ day of _____, _____ by _____.

Notary Public _____ MY commission expires: _____



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Manager's Name: _____

Prospective Employer (Name and Address):

Please provide the following (to be used for background check):

Height:	Weight:
Eye Color:	Hair Color:
Place of Birth:	Date of Birth:
Age:	Social Security Number:

For office use only

Results of Investigation:

- _____ Approved
- _____ Incomplete – Approve
- _____ Incomplete – Deny
- _____ Deny

The denial recommendation is based upon :

Photo:

Temporary permit issued _____ # copies – 3

Distribution: 2 – applicant
 1 – Planning and Development

Permanent permit issued: _____ Permit expires: _____