City of Phoenix

City Clerk Department
License Services Section

OFF-TRACK BETTING APPLICATION

STAFF USE ONLY

OTB Account # _____

Liquor License Account # _____

State Liquor License # _____

Master Account # _____

New Application ☐	**Renewal** ☐	**Application Date:**

Name of Bar/Restaurant where OTB will be located:	**OTB Location Phone #:**

Address of Bar/Restaurant where OTB will be located:

_____
Street Address (*include Apt./Suite #*)

_____
City, State, Zip

Racetrack requesting OTB:	**Licensee Type:** (*please check one*) ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other (*specify*) _____
Racetrack Licensee:	

OTB Agent Name:	**Agent Contact Phone #:**

Mailing Address for OTB Agent:

_____
Street Address (*include Apt./Suite #*)

_____
City, State, Zip

Staff initials:

_____ _____

Agent Signature **Title** **Date**

STAFF USE ONLY

☐ **Recommended for Approval**

☐ **Recommended for Disapproval**

☐ **No Recommendation**

_____
License Services Supervisor

_____
Date

☐ No legal basis for disapproval ☐ Disapproved

_____

☐ Planning (Zone:_____) ☐ Police

_____
Date

Response due:
_____

Attach memo for disapproval