

General Information

- There are 4 types of Sexually Oriented Businesses: Adult Cabaret, Adult Arcade, Adult Theater and, Adult Motel.
- Please read the [Sexually Oriented Business Brochure](#) to ensure you understand the rules related this license. You may find a copy of the City Code for Sexually Oriented Business (Chapter 10) online at: www.codepublishing.com/az/phoenix/.
- Application fees are not refundable even if you withdraw or are denied the application.
- The application process can take up to 45 days.
- The license you are applying for is valid from the date and time of issuance until midnight of the day prior to the date of issuance one year later.
- You may also be required to have a Privilege Tax License (PLT) issued by the Finance Department. If so, License Services staff will assist you with the initial PLT application. For additional questions on PLT applications, please contact the Finance Department at: 602-262-6785 or by email at tax@phoenix.gov.
- This license is not transferable to a new owner or a new location.

Application Process Summary

COMPLETE A PRELIMINARY ZONING CLEARANCE FORM (NEW APPLICATIONS ONLY): Present this form to the Planning Department Zoning Counter (2nd Floor) for an initial confirmation of whether the location is adequate for the specified use. Bring the completed form back to License Services for discussion on Planning Department comments.

COMPLETE THE SEXUALLY ORIENTED BUSINESS APPLICATION FORM:

- ▶ Do not leave blanks. ▶ Do not use N/A – instead write NONE if the answer is none.
- ▶ List criminal conviction information requested on the application. (Paying fines at the court may mean you have plead guilty to a criminal offense. It is your responsibility to know your criminal record. Not listing appropriate criminal convictions may be considered falsification of your application and may result in a denial.)
- ▶ List a valid mailing address for City Notices and include an email address for Electronic License Services Notices.

SUBMIT ADDITIONAL APPLICATION ITEMS:

Government issued ID: Refer to the Brochure for a list of acceptable ID.

Pay Application Fee: \$600. Once application is submitted, the fee is non-refundable even if application is withdrawn/denied. (Add \$180 for each additional sexually oriented business license type submitted at the same time, for the same location.)

Fingerprints: Get Fingerprinted at the Court Building (300 W. Washington, Basement, Rm B116). Take the fingerprint card provided by License Services staff to the Court.

Premises Diagram: A diagram of the premises must be submitted. Refer to the Brochure for specifications.

Permission to Occupy the Premises: A notarized Permission to Occupy the Premises Form must be submitted.

DEPARTMENTAL REVIEW:

- Police: Obtains/evaluates the results of the fingerprint background check from DPS (approx. 3-4 weeks).
- Planning: Evaluates the zoning/use for the location and premises diagram.
- Neighborhood Services: Conducts onsite inspection & evaluates compliance of location & premises diagram.
- Treasury Collections: Reviews fees/taxes
- Development Services: Reviews Building Permits and Certificates of Occupancy (new applications/diagrams only).

APPLICATION RESULTS:

- If the application is approved, you will receive a phone call from License Services staff letting you know that the license is ready for pick up at the License Services Office. (Within 45 days of submitting application)
- If the application is denied, you will receive a certified letter advising of the denial. You may appeal this denial in writing & be scheduled to a License Appeal Board Hearing. For more details on this process see the Brochure.

RENEWAL: A Renewal Application must be submitted to the License Services Office at least 45 days prior to the expiration of the license to avoid breaks in licensing.

***Acknowledgement - Please Initial _____ & Date _____ to acknowledge receipt of this checklist.

STAFF USE ONLY

Completed Departmental Reviews: PD _____

Account # _____



City of Phoenix

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Account # _____ (staff use only)

Application Fee: \$600.00; Plus \$180.00 for each additional sexually oriented business license type submitted at the same time, for the same location.

ALL APPLICATION FEES ARE NON-REFUNDABLE AND SUBJECT TO ANNUAL REVIEW.

1. Date: _____ **2. Check One:** New Application Renewal Application

3. Which license type are you applying for? (a separate license is required for each activity at a particular business location)

Adult Cabaret Adult Arcade Adult Theater Adult Motel

4. Business Name ("dba"): _____

5. Business Location:	6. Mailing Address for City Notices:
Street Address (include Apt./Suite #) _____	Street Address (include Apt./Suite #) _____
City, State, Zip _____	City, State, Zip _____

7. Business Phone: () _____ **8. Business Fax:** () _____ **9. Business Email:** _____

10. Applicant -- Person Operating the Business: (if an individual, list full name. If a company, list exact company name as set forth in organizational documents and list individual operators below.)

11. Applicant Type: (please check one)

Individual Corporation
 Partnership LLC
 Other (specify) _____

Separate Applicant information forms must be provided for each shareholder, partner, member, officer, director, manager or other person who "operates" the business. P.C.C. Section 10-131(26) defines "operate" as: "(a) cause to function or to put or keep in operation, or (b) participate directly and regularly in decisions relating to the operation of the business, with the authority to hire managers." Each such person is considered to be an "applicant" and "licensee" under the ordinance.

12. Full Names of all Officers, Directors, Partners, Members or any other Persons "Operating" the Business: (Do not list managers unless they "operate" the business, as defined above).

_____ <i>Name</i>	_____ <i>Title</i>	_____ <i>Name</i>	_____ <i>Title</i>
_____ <i>Name</i>	_____ <i>Title</i>	_____ <i>Name</i>	_____ <i>Title</i>

13. Provide the name, address and phone number of your statutory agent (or other agent authorized to receive service of process on behalf of the business):

14. Hours of Operation:

	Open	Close
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____
Saturday:	_____	_____
Sunday:	_____	_____

15. Has the applicant changed the use or occupancy of this business since July 1, 2005? Yes No

16. Has the applicant expanded the floor space of this business since July 1, 2005? Yes No

PLEASE COMPLETE SECOND PAGE

SEXUALLY ORIENTED BUSINESS APPLICANT INFORMATION

(ALL MEMBERS OF THE APPLICANT MUST EACH FILL OUT A SEPARATE APPLICANT INFORMATION FORM)

Business Name ("dba"):

Account #:

17. Applicant's Full Legal Name:

18. All other names used in past 5 years

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

19. Place of Birth:

20. Date of Birth:

/ /

21. Weight:

22. Height:

23. Hair:

24. Eyes:

25. Proof of age must be submitted with this application (driver license or other current government-issued photo ID)

Type of I.D.:

I.D. Number:

State:

Expires:

26. Applicant's Residence Address:

Street Address (include Apt./Suite #),

City, State, Zip

27. Other addresses in past 5 years: (include dates)

28. Home Phone Number:

()

29. Message Number:

()

30. Email Address:

31. Spouse Information:

Name: _____ Alias/Maiden Name: _____

Address: _____

Place of Birth: _____ Date of Birth: _____

32. Have you received a copy of the Sexually Oriented Business Ordinance, and reviewed the list of criminal offenses listed in P.C.C. Section 10-134(A)(7)?

No Yes (please initial _____)

33. Have you or your spouse been convicted of, or entered a plea of guilty or "no contest" to any of the criminal offenses listed in P.C.C. Section 10-134(A)(7) within the past five years?

No Yes If yes, please explain

34. Have you or your spouse ever had an adult business, manager, or similar license denied, suspended or revoked?

No Yes If yes, please list the date, jurisdiction and reason for such action:

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

Copy of document authorizing operation of business on premises

Approved Disapproved

No legal basis for disapproval Disapproved

License Services Supervisor

Police Finance Planning NSD DSD

Date

Date

Attach memo
for disapproval

Subscribed and sworn to before me this ____ day
of _____, 20___. By

(applicant name)
County _____ State _____

Notary Public

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Permission to Occupy the Business Premises

____ I (print full name), _____, am the applicant and I certify that I possess, or will possess no more than 30 calendar days after the date of application,:

____ I (print full name), _____, am the authorized representative for the applicant (print full name of applicant) _____, and I certify on behalf of the applicant that the applicant possesses, or will possess no more than 30 calendar days after the date of application,:

a legal or equitable right to occupy the business premises identified on the application for purposes of operating the following type of sexually oriented business:

____ adult arcade ____ adult theater
____ adult cabaret ____ adult motel

at the following location (address of business):

for the time period beginning:

____/____/____ through ____/____/____
(month/day/year) (month/day/year)

I understand that this document forms 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 Applicant or Applicant's Representative

State of Arizona)
) ss.
Maricopa County)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20__, by _____.
(Name of Applicant/Applicant's Representative)

County _____ State _____

Notary Public



City of Phoenix

SEXUALLY ORIENTED BUSINESS LICENSE INFORMATION UPDATE FORM

ACCOUNT # _____

Business Name ("dba"):

Business Address:

Name of Person Submitting Information:

Please Check All Applicable Update Items.

For Individuals:

- Change in Legal Name
- Change in Residential Address
- Change in Phone Number
- Other (Specify) _____

For the Business:

- Change in Business Name
- Change in Mailing Address for City Notices
- Change in Phone Number
- Other (Specify) _____

In the space below, please describe any changes to the information currently on file with the City Clerk Department. All other information currently on file will be presumed to be complete and accurate.

(Additional info on back ____)

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

Staff initials:

Authorized Signature Printed Name Date



City of Phoenix

SEXUALLY ORIENTED BUSINESS

VOLUNTARY LICENSE TERMINATION APPLICATION

Account # _____ (staff use only)

1. Date:

2. Business Name (“dba”):

3. Type of Sexually Oriented Business License:

___ **Adult Cabaret** ___ **Adult Arcade** ___ **Adult Theater** ___ **Adult Motel**

4. Name of Person Requesting Termination of License:

5. Business Address:

6. Mailing Address of Business:

7. Will the business continue operating while this Voluntary License Termination Application is pending? (This information must be kept current with the License Services until this application is approved or denied.)

Yes No

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.

Subscribed and sworn to before me this _____ day of _____, 20____.

By _____
(applicant name)

Applicant Signature Title (if applicable) Date

Notary Public

STAFF USE ONLY

Approved Disapproved

Attach memo
for disapproval

License Services Supervisor Date



City of Phoenix
CITY CLERK DEPARTMENT
LICENSE SERVICES SECTION

**ADULT CABARET/TOPLESS BAR –
FORM TO REPORT EMPLOYMENT OF PERFORMER(S)**

An adult cabaret/topless bar shall file with the City Clerk, a list of all adult cabaret performers and erotic entertainers by true name, stage name and license number prior to their employment on the business premises.

ADULT CABARET/TOPLESS BAR BUSINESS NAME (DBA): _____

ADULT CABARET/TOPLESS BAR ACCOUNT/LICENSE NUMBER: _____

ADULT CABARET/TOPLESS BAR BUSINESS ADDRESS: _____

>>FAX COMPLETED FORM TO: 602.495.0783<<

LIST OF PERFORMERS:

PERFORMER'S FULL NAME AS SHOWN ON ID CARD	STAGE NAME(S)	ID CARD (LICENSE) #

PRINTED NAME: _____ **SIGNATURE:** _____ **DATE:** _____



City of Phoenix

ADULT CABARET PERFORMER ANNUAL UPDATE FORM

On November 1 of each year, or the City working day immediately following if November 1 is not a City working day, an adult cabaret shall file with the City Clerk, a complete list of all adult cabaret performers, by true name, stage name and license number, who are authorized to perform on the premises.

FAX COMPLETED ADULT CABARET PERFORMER UPDATE FORMS TO: 602.495.0783

BUSINESS NAME (“DBA”): _____

BUSINESS ADDRESS: _____

LIST OF PERFORMERS:

(ATTACH ADDITIONAL COPIES OF THIS PAGE AS NEEDED. FILL EACH PAGE OUT COMPLETELY INCLUDING SIGNATURE & DATE)

FULL NAME	STAGE NAME	ID CARD (LICENSE) #

PRINTED NAME

SIGNATURE

DATE



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.