



PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO ANSWER ANY QUESTIONS ON THIS APPLICATION, WITH CLEARLY DESIGNATED REFERENCES TO QUESTIONS BEING ANSWERED.

BUSINESS PREMISES INFORMATION

Will you be altering or making changes to the existing property? YES NO If YES, please explain in detail any additions, deletions or alterations.

Will you be providing or plan to provide any of the following? (Check all that apply).

- Live Entertainment Live Music Patron Dancing Amusement Devices Pool Tables

Please list your normal business hours of operation

SUN	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	THR	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
MON	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	FRI	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
TUE	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	SAT	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
WED	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>								
	HH	MM	AM=A PM=P		HH	MM	AM=A PM=P		HH	MM	AM=A PM=P		HH	MM	AM=A PM=P

ADDITIONAL BENEFICIAL OWNER OR ACCOUNT CONTACT INFORMATION (List persons authorized to discuss this account)

Name #1

First Name M.I. Last Name

Street Number Direction Street Name or PO Box If P.O. Box check here Suffix (St, Ave, etc)

Post Dir. Choose one Apt Suite Bldg Floor Apt/Suite/Bldg/Floor PMB # City

State ZIP Code Country US Phone - - Title Code (see cover page) % of Ownership

Name #2

First Name M.I. Last Name

Street Number Direction Street Name or PO Box If P.O. Box check here Suffix (St, Ave, etc)

Post Dir. Choose one Apt Suite Bldg Floor Apt/Suite/Bldg/Floor PMB # City

State ZIP Code Country US Phone - - Title Code (see cover page) % of Ownership

IMPORTANT NOTE TO APPLICANT

PLEASE SIGN AND REMIT ALL FEES DUE WITH APPLICATION

I certify the statements made in this application are true and complete to the best of my knowledge. I have read **and** complied with all statutes, ordinances, and other requirements affecting public peace, health, and safety. The issuance of a license by the City of Glendale shall in no way be construed as permission to operate a business activity in violation of any other law or regulation to which such activity by be subject. I accept the license authorized and issued in response to this application. I understand the application fee is non-refundable and incomplete forms may delay processing.

By entering your e-mail address you are acknowledging that you may receive infrequent e-mails from the City of Glendale regarding your account as well as notices about services that may affect doing business with the City. Please see the City of Glendale privacy statement at www.glendaleaz.com/policies.cfm for more details on e-mail address usage.

Print Name

Applicant's Signature

Title

Date / /

MM DD YYYY

City of Glendale Arizona
License Application Codes

Title Code:

Accountant/CPA	ACC
Agent	AGT
Attorney	ATT
Audit Contact	AUD
Bankruptcy Attorney	BKA
Bankruptcy Trustee	BKT
Chief Executive Officer	CEO
Chief Financial Officer	CFO
Chairman of Board	COB
Controller	CON
Director	DIR
Employee	EMP
General Partner	GEN
General Manager	GMR
Limited Partner	LIM
Liquor Agent	LQA
Member	MBR
Management Co	MCO
Manager	MGR
Managing Member	MMB
Managing Agent	MNA
Owner	OWN
President	PRE
Partner	PRT
Statutory Agent	SAG
Secretary	SEC
Shareholder	SHH
Treasurer	TRE
Trustee	TRU
Vice-President	VPR

Government Issued ID Type:

Driver License	DRLC
Misc. Foreign ID	MFID
Military ID	MIID
Matricula Consular	MTCL
Passport	PPRT
Permanent Resident	PRES
Resident Alien	RESA
US Employment Authorization	USEA
US State-issued ID	USID
Visa	VISA
Miscellaneous US ID	MUID

Color of Eyes:

Black	BL
Brown	BR
Blue	BU
Green	GN
Gray	GR
Hazel	HZ
Pink	PK
Violet	VT

Color of Hair:

Bald	BA
Blond	BD
Black	BL
Brown	BR
Gray	GR
Red	RD
White	WH