



**City of Phoenix**  
City Clerk Department  
License Services Section

# REGULATORY LICENSE APPLICATION

Account # \_\_\_\_\_ (staff use only)

Please check one:

**New Application**

**Information Update**

**License Type:**

Scrap Metal Dealer

Auction House

Swap Meet

**Business Name ("dba"):**

**Date:**

/ /

**Business Location:**

Street Address (include Apt./Suite #)

City, State, Zip

**Mailing Address for City notices:**

Street Address (include Apt./Suite #)

City, State, Zip

**Storage Location of Merchandise:**

**Type of Merchandise Sold:**

**Business Phone:** ( )

**Business Fax:** (optional) ( )

**Business Owner:** (if an individual, list full name. If a company, list exact company name as set forth in organizational documents and list individual applicants below.)

**Business Type:** (please check one)

- Individual                       Corporation  
 Partnership                       LLC  
 Other (specify) \_\_\_\_\_

**If a corporation, partnership, limited liability company (LLC), or other fictitious entity:** Please list the full legal name and title of each controlling person and designated agent of the business to be licensed. *Controlling person* means any person who has a 20% or greater interest in the ownership or the earnings of the applicant or the business. *Designated agent* means the individual designated by the applicant or licensee to receive city notices.

**A fictitious entity (corporation, partnership, LLC, etc...) must designate one of its officers, members or general partners to complete and sign all application forms required of an applicant when there are no controlling persons.**

*Each listed individual must fill out an "Additional Applicant" form.*

Name	Title	Name	Title

**If a company:** Please attach a copy of your Articles of Incorporation, Articles of Organization, Partnership Agreement, or other organizational documents.

**PLEASE COMPLETE OTHER SIDE**

## APPLICANT INFORMATION

IF THE BUSINESS IS OWNED BY AN INDIVIDUAL, THAT PERSON MUST COMPLETE THIS PAGE.

IF THE BUSINESS IS OWNED BY A COMPANY, THIS PAGE MUST BE COMPLETED BY THE RESPONSIBLE MANAGING OFFICER. ADDITIONAL APPLICANTS MUST EACH COMPLETE AN "ADDITIONAL APPLICANT" FORM.

<b>Full Legal Name:</b>		<b>Other names used in past 5 years:</b> <i>(include maiden name)</i>			
<b>Applicant's Residence Address:</b>  _____ Street Address <i>(include Apt./Suite #)</i>  _____ City, State, Zip		<b>Place of Birth:</b>			
		<b>Date of Birth:</b>			
<b>Applicant's Mailing Address (if different):</b>  _____ Street Address <i>(include Apt./Suite #)</i>  _____ City, State, Zip		<b>Home Phone Number:</b> (    )		<b>Message Number:</b> (    )	
		<b>Height:</b>	<b>Weight:</b>	<b>Eye Color:</b>	<b>Hair Color:</b>
Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.					
<b>Type of I.D.:</b>	<b>I.D. Number:</b>	<b>State:</b>	<b>Expires:</b>		
<b>Have you been convicted of, or entered a plea of guilty or "no contest" to any criminal offense?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please list the date, jurisdiction and disposition:</i> _____ <span style="float: right;">___ Additional info attached</span>					
<b>Have you ever had a business license denied, suspended, or revoked?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please list the date, jurisdiction, and reason:</i> _____ <span style="float: right;">___ Additional info attached</span>					
<b>Have you ever entered into a Consent Agreement with the City of Phoenix City Clerk Department?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please list the date of the Consent Agreement.</i> _____ <span style="float: right;">___ Additional info attached</span>					
<b>I swear under penalty of law that I have read the foregoing application and that all the information and statements made herein are true and correct.</b>					
					LS Staff initials:
_____ Applicant Signature		_____ Title <i>(if applicable)</i>		_____ Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  _____ License Services Supervisor  _____ Date		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved  _____ <input type="checkbox"/> <b>Police</b> <input type="checkbox"/> <b>Planning</b>  _____ Date		<input type="checkbox"/> Second Hand Dealer Set Up Completed  _____ <b>Police</b>  _____ Date	
		Attach memo for disapproval			

**REGULATORY LICENSE APPLICATION  
ADDITIONAL APPLICANT FORM**

(staff use only) BLS # \_\_\_\_\_  
NON-PLT # \_\_\_\_\_

**Business Name ("dba"):**

**Full Legal Name:**

**Other names used in past 5 years:**  
*(include maiden name)*

**Applicant's Residence Address:**

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

City, State, Zip

**Place of Birth:**

**Date of Birth:**

**Applicant's Mailing Address (if different):**

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

City, State, Zip

**Home Phone Number:**

(     )

**Message Number:**

(     )

**Height:**

**Weight:**

**Eye Color:**

**Hair Color:**

*Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.*

**Type of I.D.:**

**I.D. Number:**

**State:**

**Expires:**

**Have you been convicted of, or entered a plea of guilty or "no contest" to any criminal offense?**

No    Yes   *If yes, please list the date, jurisdiction and disposition:*

\_\_\_\_ Additional info attached

**Have you ever had a business license denied, suspended, or revoked?**

No    Yes   *If yes, please list the date, jurisdiction, and reason:*

\_\_\_\_ Additional info attached

**Have you ever entered into a Consent Agreement with the City of Phoenix City Clerk Department?**

No    Yes   *If yes, please list the date of the Consent Agreement.*

\_\_\_\_ Additional info attached

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

Staff initials:

Applicant Signature

Title *(if applicable)*

Date

Approved    Disapproved

Approved    Disapproved

License Services Supervisor

Police

Attach memo  
for disapproval

Date

Date