

MASSAGE ESTABLISHMENT LICENSE APPLICATION

City of Phoenix City Clerk Department License Services Section	BLS#			(staff use only)		
Name of Massage Establishment ("dba"):						
Applicant Name: (individual or company that owns business) (if an individual, list full name. If a company, list exact company name as set forth in organizational documents.)			Business Type: (please check one) ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☐ Other (specify)			
If the Applicant is a Corporation, Limited Liability Company or Limited Partnership, have you included a complete copy of the articles of incorporation, articles or organization, or certificate of limited partnership, together with all amendments thereto? Yes No						
Full Names of ALL Controlling Persons (any person with a 20% or greater interest in the business): (Each Controlling Person must complete, sign and submit a Controlling Person Information Form and fingerprint card.)						
by the applicant to receive City notices per PCC 10-16(3) and/or act as a manager per PCC 10-22(R)): (The Designated Agent must complete, sign and submit a Designated Agent Information Form and fingerprint card.) Business Address: (physical location of Massage Establishment) Business Phone:						
Street Address (include Suite #)				Business Fax: (optional)		
City, State, Zip				()		
List of Services to be Offered a	t the Business:	Full Names	of All Manag	ers of the Business:		
Hours of Operation: Monday: Open: Close	Tuesday: Wednesd	lay: Thurs	sday: Frid 	ay: Saturday: Sunday:		
Have you included a copy of a sketch or diagram of the business premises that conforms with the requirements of Phoenix City Code Section 10-20(A)(17)(a)-(e)? Yes No						
PLEASE COMPLETE OTHER SIDE						

CONTROLLING Please check	G PERSON or D both boxes if you are a Co		ENT INFORMATION FORM nd the Designated Agent			
(Each Controlling	g Person and the Designated	d Agent must fill out	a separate information form)			
Full Legal Name:		Other names used: (including maiden name)				
Current Residence Address:		Other addresses in past 5 years: (include dates)				
Street Address (include Apt./Suite #)						
City, State, Zip						
Mailing Address for City Notices:		(additional info attached) Employment History for past 5 years: (include dates)				
Street Address (include Apt./Suite #)						
City, State, Zip						
Home Phone Number:	Message Number:					
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Height:	Weight:		(additional info attached)			
Eye Color:	Hair Color:	Date of Birth:	Place of Birth:			
Written proof of age must be submitted with this application. Acceptable proof includes a 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 ever had any business license denied, suspended or revoked? No Yes If yes, please list the date, jurisdiction and reason for such action:						
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:						
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.						
Signature Title Date						
- g		USE ONLY				
☐ Approved ☐ Disapproved	☐ No legal basis for disappro	val 🗆 Disapproved	 □ Copy of Organizational documents □ Copy of Floorplan Sketch/Diagram □ All Controlling Person and Designated 			
License Services Supervisor	☐ Police ☐ NSD ☐ Plan		Agent Forms All Fingerprints			
Date	Date	Attach memo for disapproval	☐ List of Massage Practitioners and/or Therapists☐ Proof of Age			
			Staff signature:			

ZONING CHECK FORM FOR REGULATED BUSINESS LICENSE APPLICATIONS

The purpose of this form is to identify any obvious location deficiencies in relation to a Regulated Business License application before the license application is submitted to License Services. Deficiencies such as: Activity is not allowed in the zoning district, or activity is only allowed if a Use Permit is obtained, or activity is only allowed with restrictions, etc...

APPLICANT:

PDD Reviewer Name:

Complete questions 1-5 on this form and submit the completed form to the Planning and Development Department (PDD) for review and comments at: 200 W. Washington St., 2nd Fl. Once this form has been reviewed by PDD, take the form to License Services to discuss PDD's comments. 1) What type of license will you be applying for? 2) What is the business address (location where the license will be used)? Must match the business address listed on the application submitted to License Services. 3) Describe all proposed business activities at the business address including products to be bought, sold, traded, or exchanged, and all services to be provided: This form does not constitute PDDs approval or final recommendation related to a Regulated Business License application and is subject to change once the license application is submitted to License Services and reviewed in its entirety. APPLICANT'S ACKNOWLEDGEMENT INITIALS: DO NOT WRITE BELOW THIS LINE - FOR PLANNING AND DEVELOPMENT DEPARTMENT STAFF USE ONLY 4) Zoning District: 5) Is this location zoned properly for the proposed uses? ☐ Yes, with a Use Permit □ Yes ☐ Yes, as Accessory Use □ No Comments: (PDD REVIEWER: PLEASE ADD COMMENTS AS NEEDED & PROVIDE CUSTOMER WITH A COPY OF ANY PERTINENT/LISTED ZONING ORDINANCE SECTIONS) Additional Zoning District Regulations: (i.e. Square Footage Requirements, Setbacks, etc.) (PDD REVIEWER: PLEASE ADD COMMENTS AS NEEDED & PROVIDE CUSTOMER WITH A COPY OF ANY PERTINENT/LISTED ZONING ORDINANCE SECTIONS) Additional Information: (Non-Conformities, etc.) 7)

Date:



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.