



MESSAGE MANAGER LICENSE APPLICATION

Check One:		Check If Applicable:	Application Date:
<input type="checkbox"/> New License	<input type="checkbox"/> License Renewal	<input type="checkbox"/> Name Change Only	
Application Fee: \$75.00	Annual Fee: \$50.00		Start Date:
Annual Fee: \$50.00	Background: \$22.00		Date of Change:
Background: \$22.00	*Due 60 Days Prior to Expiration		

This application must be completely filled out and submitted to the Town along with the following items:

- \$125 payment (\$75 application fee + \$50 annual licensing fee)
- Copy of driver's license or picture ID for applicant and controlling agent(s). If ownership is individual/sole proprietorship, an approved License Eligibility Form will be needed.
- Current headshot picture of applicant to be taken by the licensing inspector.
- The applicant's full set of fingerprints on a standard fingerprint card, recorded by the Marana Police Department. Fingerprinting is performed at the Marana Police department every Tuesday from 9-12 and Thursday from 1-4. The cost of a standard fingerprint card is \$10.
- Prior to the issuance of your license, the application will be routed to various town departments for their recommendations. Below are the departments and the issues they base their recommendations upon:
 - Police Department (background check)
 - Legal Department (Compliance with Town Code)
- Proof of payment and request for a background check through the Marana Police Department.
- Upon approval, the license will be mailed to the applicant's address. Upon disapproval, a letter outlining the basis for not issuing a license will be sent to the applicant's address with a refund for the annual licensing fee.
- There is an annual renewal fee of \$50, which is due 60 days prior to the expiration date of your license.

Application fees are non-refundable

Completed applications can be submitted to the following address:

Town of Marana
 Attn: Licensing Inspector
 11555 W. Civic Center Drive, Bldg. A3
 Marana, Arizona 85653

**Applicant has an affirmative duty to supplement a pending application with any new information obtained after application is submitted.*



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SECTION I. Applicant's Information					
Applicant Name: Last		First		Middle	
Home Address:					
City		State	Zip Code + 4	Home Phone Number	
Mailing Address (if different from Home address):					
Street address or PO Box					
City		State		Zip Code + 4	
Previous names by which you have been known:					
Date of Birth:		Place of Birth:			
Race:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Color of Eyes:	Weight:	Height:	Color of Hair:
SECTION II. Applicant's Home Address History for the Past 5 Years					
From	To	Complete Street Address			City, State, Zip
SECTION III. Applicant's Business, Occupation or Employment History for Past 5 Years					
From	To	Business Name		Business Address	



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SECTION IV. Background Information

Have you ever been convicted of a felony or misdemeanor, excluding civil traffic offenses? Yes No

If yes, please list each offense below.

Date	Offense	Location of Conviction	Penalty

Have you ever had a business license suspended, denied or revoked in this or any other state? Yes No

If yes, please list each one below.

Date	License Type	State	Reason	Subsequent Business Activity/Occupation

SECTION V. Signature and Certification

I certify that the statements made in this application are true and complete to the best of my knowledge. I hereby give consent to the Town of Marana to investigate my background, including any police records or records of any kind or description. I waive any claim or cause of action regarding the use of my background information or police record that I may have against the Town of Marana or its agents and employees, and against any other individual or agent disclosing or releasing background information to the Town of Marana. I also certify that I am familiar with the Code provisions governing the Massage Manager License. Incomplete applications may not be processed.

Print Name	Signature	Title	Date
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FOR OFFICE USE ONLY

Date Received: _____ By: _____

Comments: