



MESSAGE ESTABLISHMENT LICENSE APPLICATION

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|--|---|---|------------------------------------|-------------------|
| Check One: | | Check Any That Apply: | | Application Date: |
| <input type="checkbox"/> New License Application Fee: \$200.00 Annual Fee: \$100.00 Background: \$22.00 | <input type="checkbox"/> License Renewal Annual Fee: \$100.00 Background: \$22.00 *Due 60 Days Prior to Expiration | <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change - \$25.00 <input type="checkbox"/> Other Changes <input type="checkbox"/> No Changes (renewal only) | Start Date: Date of Change: | |

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

FOR A NEW LICENSE

- \$300 payment for new applications (\$200 application fee + \$100 annual licensing fee)
- Copy of driver's license or picture ID for applicant and controlling agent(s). If ownership is an individual/sole proprietorship, an approved License Eligibility Form will be needed.
- Current headshot picture of applicant and all controlling agent(s), 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. **Fingerprint cards are good for two years.**
- A clearly legible sketch or diagram showing the configuration of the overall business premises. See Town Code Section 9-4-9.
- The Articles of Incorporation, Articles of Organization, or Certificate of Limited Partnership, together with any amendments, for the applicant, as applicable.
- Copy of recorded deed proving ownership of property where establishment will be located. If applicant is not owner of land, copy of a lease or other similar document must be provided also.
- Proof of payment and request for a background check for the applicant through the Marana Police Department.
- 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:
 - Building Safety (safety inspection, certificate of occupancy, zoning, and compliance with Town Code)
 - Police Department (background check)
 - Legal Department (Compliance with Town Code)
- Upon approval, the establishment 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 \$100.00, which is due 60 days prior to the expiration date of your license.
- Renewals must include a list of all employees, massage therapist State License # and expiration date.

FOR A LICENSE RENEWAL

- Please be sure to indicate whether or not there are any changes from the previous application.
- A new set of fingerprints will be required if the original set is over two years old.

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. Establishment Information | | | | | |
|---|--|--|----------------------------------|-------------|-------------|
| Legal Business Name of Entity or Individual Name: | | | | | |
| Legal Form of Applicant – Check Any That Apply: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corp. - State Inc. # _____ <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____ | | | | | |
| Doing Business As (DBA), Name on Signage, Name known to the public | | | | | |
| Business Address | | Suite/Apt # (List physical address, do not enter a Mail box type of address) | | | |
| City | State | Zip Code + 4 | (Area Code) Business Telephone # | | |
| Days and Hours of Operation: | | | | | |
| Services Offered: | | | | | |
| SECTION II. Applicant's Information | | | | | |
| Applicant Name: Last | | First | | Middle | |
| Home Address: | | | | | |
| City | State | Zip Code + 4 | Phone Number | | |
| Mailing Address, if Different: | | | | | |
| City | State | Zip Code + 4 | Phone Number | | |
| Previous names by which you have been known: | | | | | |
| Social Security Number: | | Birthdate: | | Birthplace: | |
| Race: | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | Eye Color: | Weight: | Height: | Hair Color: |
| SECTION III. Listing of Controlling Persons | | | | | |
| Owners, Partners, LLC Members, or Officers <i>(Any Individual Who Has A 20% or Greater Interest in the Ownership or Earnings of the Business).</i> (For Additional Names, Please Attach List) | Name | Title | | % Owned | |
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SECTION IV. List of Managers and Designated Agent (Responsible party to receive Town notices) and Mailing Address

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|--|------|-------------------|
| Managers (For Additional Names, Please Attach List) | Name | Manager License # |
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| | | |
| Designated Agent (Responsible Party to Receive Town Notices) | Name | Mailing Address |

SECTION V. List of all Other Employees (Names Only)

| | | | |
|-------|-----------|------------|------------------|
| Name: | Position: | License #: | Expiration Date: |
| | | | |
| Name: | Position: | License #: | Expiration Date: |
| | | | |
| Name: | Position: | License #: | Expiration Date: |
| | | | |
| Name: | Position: | License #: | Expiration Date: |
| | | | |

SECTION VI. Applicant's Home Address History for the Past 5 Years

| From | To | Complete Street Address | City, State, Zip |
|------|----|-------------------------|------------------|
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SECTION VII. Applicant's Business, Occupation or Employment History for Past 5 Years

| From | To | Business Name | Business Address |
|------|----|---------------|------------------|
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SECTION VIII. Background Information

Have you ever been convicted of a felony or misdemeanor, excluding civil traffic offenses? Yes No
 If yes, list each offense below:

| Date | Offense | Location of Conviction | Penalty |
|------|---------|------------------------|---------|
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Have you ever had a business license suspended, denied or revoked in this or any other state? Yes No
 If yes, list each one below:

| Date | License Type | License Type | Reason | Subsequent Business Activity/Occupation |
|------|--------------|--------------|--------|---|
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SECTION IX. 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 Establishment License. Incomplete applications may not be processed.

| | | | |
|------------|-----------|-------|------|
| Print Name | Signature | Title | Date |
| | | | |

| FOR OFFICE USE ONLY | |
|----------------------|-----------|
| Date Received: _____ | By: _____ |
| Comments: | |