





## SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

**SECTION VIII. Signature and Certification (all individuals having a controlling interest of 20% or more must sign and certify below)**

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 agency disclosing or releasing background information to the Town of Marana. I certify that that the corporation is in good standing, as applicable, and that I am familiar with the Code provisions governing the Sexually Oriented Business License. Incomplete applications may not be processed.

Print Name	Signature	Date

FOR OFFICE USE ONLY				
Department./Area Review		Initials	Comment	
Building	C.O. Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Planning	Sign Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Police		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Finance		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		