



MESSAGE ESTABLISHMENT LICENSE APPLICATION

SECTION I. Establishment Information

Legal Business Name of Entity or Individual Name:

Legal Form of Applicant – Check Any That Apply:

Individual/Sole Proprietor
 Corp. - State Inc. # _____
 LLC
 Partnership
 Ltd. Partnership
 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:
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SECTION III. Listing of Controlling Persons

	Name	Title	% Owned
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)			



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SECTION IV. List of Managers and Designated Agent (Responsible party to receive Town notices) and Mailing Address

Managers (For Additional Names, Please Attach List)	Name	Manager License #
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

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

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

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:	