



CITY OF SAN LUIS
 Department of Development Services
 Business License Application
 License & Tax Division
 P.O.Box 3750-1090 E. Union Street
 San Luis, AZ 85349
 (928) 341-8563

Received by: _____

Sexual Oriented Business Employee License Application

This application must be filed and approved before you can lawfully engage in business in the City of San Luis, Arizona. A separate license is necessary of each business location. This license is non-transferable and shall be valid until **owner requests cancellation** or revoked by the city license and tax division.

New Applicant **Location Change** **Information Update** **SOB EMPLOYEE No:** _____

- 1) Employee Full Name: _____
 A) Other Names used in preceding 5 years: _____

- 2) Social Security No.: _____
- 3) Residence Address: _____
- 4) Date of Birth: _____
- 5) Driver's License No. / ID: _____
- 6) Home Phone: () _____ E-mail: _____
- 7) Business Name: _____
 A) Doing Business As : _____
- 8) Location of Business: _____
- 9) Business Phone No.: _____
- 10) Date of first working day: _____
- 11) Previous Sexually Oriented Business License/Permit
 - a) Issuing Jurisdiction: _____
 - b) Effective Dates: _____
 - c) Denied Revoked Suspended N/A
 Reason: _____

I swear that all statements made in this application are true and complete the best of my knowledge. I understand that any false statements of material facts and failure to pay in a timely manner will be subject me to cancellation of license. I also agree to comply with all Federal, State, and City laws as pertains to this business. Applicant has read and understands the above comments, limitations, and/or requirements in connection to the issuance of the business license. The city will revoke business license for non-compliance to above and reserves the right to deny or revoke business license for above and stated and/or violations.

Name: _____ Signature: _____ Date: _____