

NOTICE TO SOLE PROPRIETOR, INDIVIDUAL AND/OR HUSBAND & WIFE BUSINESSES

All persons applying for municipal licensing as Individuals, Sole Proprietors, or Husband & Wife businesses, must provide evidence of their legal right to be in the United States in compliance with A.R.S. 41-1080, also known as the "Legal Arizona Workers Act."

If applying by mail, applicants must submit the eligibility form with the application. Please indicate, by checking the appropriate box, which of the 12 forms of documentation will be provided to verify legal status under federal law. Return the completed eligibility form along with the application, applicable fees and a copy of the documentation showing your legal status.

If applying in person at the Licensing Office, applicants must show one of the 12 types of documentation listed on the eligibility form with the application and applicable fees. The eligibility form will be completed upon presentation of the documentation.

Per State law, the City of Mesa Licensing Office cannot issue a license unless it first receives a copy of one of the specified forms of identification and a signed eligibility form.

*****NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**



LICENSING ELIGIBILITY

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law:

Check the box next to the document indicating lawful presence.

*****NOTE: A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**

	An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
	A driver license issued by a state that verifies lawful presence in the United States. (See Overview of States' Driver's License Requirements) NOT accepted: HI, NM, UT, WA Note: a WA "Enhanced" Driver License is acceptable
	A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
	A United States certificate of birth abroad.
	A United States passport or passport card.
	A foreign passport with a United States visa.
	An I-94 form with a photograph.
	A United States citizenship and immigration services employment authorization document or refugee travel document.
	A United States certificate of naturalization.
	A United States certificate of citizenship.
	A tribal certificate of Indian blood.
	A tribal or bureau of Indian affairs affidavit of birth.

This provision does not apply to an individual, if EITHER:

1. BOTH of the following apply:
 - a. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
 - b. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

OR

2. ALL of the following apply:
 - a. The individual is a resident of another state.
 - b. The individual holds an equivalent license in that other state and the equivalent license is of the same type being sought in this state.
 - c. The individual seeks the Arizona license to comply with this state's licensing laws and not to establish residency in this state.

Signature of applicant

Date

Signature of municipal employee

Date

55 N. Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel
(480) 644-3999 Fax



MESSAGE ESTABLISHMENT INFORMATION SHEET

- Application Fee \$100.00
Annual Licensing Fee \$100.00

- Completed applications must be submitted to the Licensing Office along with;
 - \$100.00 application fee.
 - Supplemental questionnaire on all controlling agents (person(s) with 20% or greater interest in the ownership or earnings of the business).
 - 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 and all controlling agents(s) to be taken at the Licensing Office.
 - A clearly legible 8 x 11 sketch or diagram showing the configuration of the overall business premises. See Mesa City Code 5-12-5 (16).
 - The Articles of Incorporation, Articles of Organization, or Certificate of Limited Partnership, together with any amendments thereto, for the applicant, as applicable.

- After submission of the application, the applicant(s) and all owners and/or officers that complete the supplemental questionnaire must go to Preferred Support Services for fingerprinting and request for an FBI background check to be completed. The fee for this service must be paid to Preferred Support Services at the time of service.

- Prior to issuance of your license, the application will be routed to various city departments for their recommendations. Below are the departments and the issues they base their recommendations upon:
 - Fire Prevention (safety inspection).
 - Building Safety Division (Certificate of Occupancy and zoning).
 - Police Department (verification and approval/denial given when the background check is received).

- Upon approval/disapproval a letter will be mailed to the applicant's mailing address informing them of the decision. A licensing fee of \$100.00 is required prior to the issuance of the license. The license will be issued for one year.

- There is a yearly renewal fee of \$100.00, which is due 60 days prior to the expiration date of your license.

ALL FEES ARE NON-REFUNDABLE

INCOMPLETE APPLICATIONS OR THOSE RECEIVED WITHOUT REQUIRED SUPPLEMENTAL INFORMATION WILL NOT BE PROCESSED.

55 North Center Street
PO Box 1466
Mesa Arizona 85211-1466
(480) 644-2316 Tel (480) 644-3999 Fax
website: www.mesaaz.gov/salestax

Revenue Collections Operations
Licensing Office
 55 North Center Street
 Mesa Arizona 85201
 (480) 644-2316 Tel



Mailing Address
 PO Box 1466
 Mesa Arizona 85211-1466
 (480)644-3999 Fax

APPLICATION FOR MESSAGE ESTABLISHMENT LICENSE

NON-REFUNDABLE \$100.00 DUE AT TIME OF APPLICATION - CODE 0570

ACCURACY IS IMPORTANT -- CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.

SECTION I. ESTABLISHMENT INFORMATION

Establishment Name	
Establishment Street Address	
City, State, Zip	Phone Number
Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
Name of Corporation or LLC	
Days and Hours of Operation	
Types of Massage	

SECTION II. MAILING ADDRESS

Mailing Name (Designated Agent)
Street Address or PO Box
City, State, Zip

SECTION III. LISTING OF CONTROLLING PERSONS (PERSON(S) WITH 20% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS)

Title/Position	Name	% Owned

SECTION V. MANAGERS (LIST NAMES AND MANAGER LICENSE NUMBER IF KNOWN)

Name	Manager License Number

SECTION VI. INITIAL APPLICANT'S INFORMATION

Applicant's Name				Last	First	M.
Home Address					Home Phone Number	
City, State, Zip						
Previous names by which you have been known and the years in which you were known by those names						
Title/Position at Establishment						
Social Security Number				Date of Birth (month, day, year)		
Place of Birth City, State, Country					Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	Color of Eyes		Weight	Height	Color of Hair	

SECTION VII. APPLICANT'S HOME ADDRESS HISTORY FOR PAST 5 YEARS

From	To	Complete Street Address	City, State, Zip
	Present		

SECTION VIII. APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 5 YEARS

From	To	Business Name	Business Address

SECTION IX. BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

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

IF YES, LIST ALL CONVICTIONS BELOW, REGARDLESS OF HOW LONG AGO THEY TOOK PLACE. ATTACH A SEPARATE SHEET IF NEEDED.

Date	Offense	Location of Conviction	Penalty Assessed

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

Date	License Type	State	Outcome

SECTION X SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Massage Establishment License.

I hereby attest that I have verified that no person not qualified to own, control or manage a massage establishment is involved in the ownership, control or management of this applicant.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date



**MESSAGE ESTABLISHMENT LICENSE
 SUPPLEMENTAL QUESTIONNAIRE**

ADDITIONAL OWNERS AND OFFICERS OTHER THAN APPLICANT

SECTION I. CONTROLLING PERSONS (PERSON(S) WITH 20% OR GREATER INTEREST IN THE OWNERSHIP OR EARNINGS OF THE BUSINESS)

Name				Last		First		M.	
Home Address									
City, State, Zip							Home Phone Number		
Previous names by which you have been known and years those names were used.									
Title/Position at Establishment									
Social Security Number					Date of Birth (month, day, year)				
Place of Birth City, State, Country							Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race		Color of Eyes		Weight		Height		Color of Hair	

SECTION II. RESIDENTIAL ADDRESSES FOR PAST 5 YEARS BEGINNING WITH PRESENT ADDRESS

From	To	Complete Street Address	City, State
	Present		

SECTION III. APPLICANT'S PREVIOUS BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR PAST 5 YEARS

From	To	Business Name	City, State, Zip

SECTION IV. BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

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

Date	Offense	Location of Conviction	Penalty Assessed

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

Date	License Type	State	Outcome

SECTION V. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Mesa to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Mesa or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Mesa. I also certify that I am familiar with the Code provisions governing the Massage Establishment License.

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

Print Name	Signature	Date

MESSAGE ESTABLISHMENT DIAGRAM

Business Name: _____ License No. _____

Business Address: _____ Days & Hrs Open _____

(Include all interior doors, walls, curtains, room dividers. Designate type of use for each room)

List of Services: _____
