



CITY OF PEORIA OFF-TRACK WAGERING INDIVIDUAL PERMIT APPLICATION

CHECK ONE:

- ~ Owner of Principle Wagering Establishment
- ~ Managing Agent of Principle Wagering Establishment
- ~ Owner of Off-Track Site Facility
- ~ Managing Agent of Off-Track Site Facility

CHECK ONE:

- Initial Application
- ~ Renewal

NAME OF APPLICANT: Last Name **Johnson** First Name **David** Middle **Wayne**

OTHER NAMES USED: (Maiden) **NONE** HOME PHONE: [REDACTED]

SOCIAL SECURITY NUMBER [REDACTED] DRIVER LICENSE NUMBER [REDACTED] STATE [REDACTED] EXPIRATION DATE [REDACTED]

HEIGHT [REDACTED] WEIGHT [REDACTED] HAIR [REDACTED] EYES [REDACTED] DTE OF BIRTH [REDACTED] BIRTHPLACE [REDACTED]

HOME ADDRESS: Street [REDACTED] City [REDACTED] State [REDACTED] Zip Code [REDACTED]

BUSINESS NAME: **Turf Paradise** BUSINESS PHONE: **(602) 942-1101**

BUSINESS ADDRESS: Street **1501 W. Bell Rd.** City **Phoenix** State **AZ** Zip Code **85023**

BUSINESS NAME: (PREMISES WHERE CONDUCTING OFF-TRACK WAGERING) **Peoria Pines Golf and Restaurant** BUSINESS PHONE: **(623) 972-1364**

PREMISES ADDRESS: Street **8411 N. 107th Ave** City **Peoria** State **AZ** Zip Code **85345-7472**

INDICATE WHERE YOU HAVE RESIDED FOR THE PAST FIVE YEARS EXCLUDING PRESENT ADDRESS

FROM:	TO:	Street	City	State	Zip Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FROM:	TO:	Street	City	State	Zip Code
FROM:	TO:	Street	City	State	Zip Code
FROM:	TO:	Street	City	State	Zip Code
FROM:	TO:	Street	City	State	Zip Code

HAVE YOU EVER BEEN DENIED, ARRESTED, INDICTED, CONVICTED, OR SUMMONED INTO COURT FOR VIOLATION OF ANY CRIMINAL LAW OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS)?

~ YES ~ NO If yes, attach full explanation.

HAVE YOU EVER POSTED BOND, BEEN ORDERED TO DEPOSIT BAIL, BEEN FINED, IMPRISONED, PLACED ON PROBATION OR FAILED TO APPEAR FOR ANY VIOLATION OF ANY LAW OR ORDINANCE?

~ YES ~ NO If yes, attach full explanation.

HAVE YOU EVER HAD ANY BUSINESS LICENSE DENIED, REVOKED, SUSPENDED, OR FINED IN THIS OR ANY OTHER STATE?

~ YES ~ NO If yes, attach full explanation.

INDICATE YOUR EMPLOYMENT, OR BUSINESS ENGAGED IN FOR PAST FIVE YEARS BEGINNING WITH MOST CURRENT

CURRENT EMPLOYER: Turf Paradise	PHONE #: 602-942-1101	POSITION: Assistant GM	FROM: 10/2010	TO: Present
STREET ADDRESS 1501 W. Bell Rd.		CITY Phoenix	STATE AZ	ZIP CODE 85023
PREVIOUS EMPLOYER:	PHONE #:	POSITION:	FROM:	TO:
STREET ADDRESS		CITY	STATE	ZIP CODE
PREVIOUS EMPLOYER:	PHONE #:	POSITION:	FROM:	TO:
STREET ADDRESS		CITY	STATE	ZIP CODE
PREVIOUS EMPLOYER:	PHONE #:	POSITION:	FROM:	TO:
STREET ADDRESS		CITY	STATE	ZIP CODE
PREVIOUS EMPLOYER:	PHONE #:	POSITION:	FROM:	TO:
STREET ADDRESS		CITY	STATE	ZIP CODE

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INTENTIONAL OMISSION OR FALSIFICATION OF INFORMATION IS SUFFICIENT GROUNDS FOR DENIAL OF THE APPLICATION OR LATER REVOCATION AND SUBJECT TO PENALTY BY LAW. CHANGES MUST BE SUBMITTED AS REQUIRED BY ORDINANCE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PLEASE INCLUDE A COPY OF THE FLOOR PLAN FOR PREMISES.

SIGNATURE OF APPLICANT

DATE 12/8/2025

FOR OFFICE USE ONLY.

DATE RECEIVED:

~ ATTACHMENTS: _____ COUNCIL MEETING DATE:

~ DEPARTMENTAL REVIEW

CC #:

APPROVED: ~ YES ~ NO

BUS. LICENSE/SALES TAX #: