

APPLICATION AND AFFIDAVIT FOR UNIFORM VIDEO SERVICE LICENSE
(Pursuant to Title 11, Chapter 14, Arizona Revised Statutes)

Local Government: Maricopa County

I. Applicant:

Date: _____

Applicant's Name: _____

Principal Place of Business: _____

Phone: _____

Address: _____

Maricopa County: _____

State: _____

Zip: _____

Type of Entity: _____

Jurisdiction of Formation: _____

Email: _____

II. Applicant's principal executive officers or general partners:

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

Name: _____ Title: _____

Address: _____

III. Person(s) authorized to represent Applicant before Maricopa County:

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

IV. Check one pursuant to Arizona Revised Statutes Section 11-1911(C)(4):

D Applicant is an Incumbent Cable Operator as provided in Arizona Revised Statutes, Section 11-1901(13).

D Applicant is not an Incumbent Cable Operator. The date on which the Applicant expects to provide Video Services in the Service Area identified on attached Exhibit A is:

Date: _____

V. For All Applications:

A. The term of the uniform video service license shall be (not to exceed ten years):

Years

B. Applicant agrees to pay all lawful fees and charges imposed by Maricopa County as provided in Arizona Revised Statutes, Section 11-1914(B)(4).

C. Applicant agrees to notify Maricopa County in writing of changes to the information provided in sections I, II, and III within thirty (30) days after the change occurs as provided in Arizona Revised Statutes, Section 11-1914(B)(2).

D. Provide an exact description of the Service Area as set forth in Arizona Revised Statutes, Section 11-1911(C)(5), as identified by a geographic information system digital boundary meeting or exceeding national map accuracy standards.

Select one:

X The Service Area consists of all the territory within the Boundaries of Maricopa County:

X The Service Area consists of all the territory within the area described on attached Exhibit A.

Applicant Verification

On _____, 20__ I **NAME OF SIGNOR**, filed an Application and Affidavit for Video Service License Agreement with the Clerk of the Maricopa County Board of Supervisors on behalf of **APPLICANT'S NAME**. I verify under penalty of perjury that the information contained in the application is true and correct.

<i>Name and Title (printed):</i>	
<i>Signature:</i>	<i>Date:</i>

STATE OF ARIZONA)
) ss.
County of Maricopa)

SUBSCRIBED AND SWORN to before me, this ____ day of _____, 20__, by _____, personally appearing.

Notary Public

My commission expires:

Maricopa County Receipt

The foregoing Application and Affidavit for Uniform Video Service License was received by Maricopa County this _____ day of _____, 20_ ; at _____ AM PM

By

Print Name

Title

Address

City, State, Zip Code

Phone

Fax

Email

Date

Exhibit A