



**MICHELE REAGAN**  
Secretary of State

**State of Arizona – Office of the Secretary of State**  
**Dance Studio Bond or Cash Deposit**  
**A.R.S. § 44-1749**

**SEND BY MAIL TO:**  
Secretary of State Michele Reagan, Atten: Dance Studios  
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

**OR return this application in person:**  
**PHOENIX** - State Capitol Executive Tower, 1700 W. Washington Street, 1st Fl., Room 103  
**TUCSON** - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141  
**Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.**

**DO NOT WRITE IN THIS SPACE**

**FOR OFFICE USE ONLY**  
**SOSBS ARS441749 REV. 1/5/2015**

**PLEASE NOTE:** All correspondence regarding this filing will be sent to the principal office identified on this certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

**INSTRUCTIONS**

**When to use this form:** A.R.S. § 44-1741 defines a “dance studio” as any person who contracts directly with members of the general public to provide dance studio lessons and other services.

**Be Accurate:** Complete all applicable fields on this form. Write legibly; or fill out this application online at [www.azsos.gov](http://www.azsos.gov) and print it.

**Questions?** Call (602) 542-6187; in-state/toll-free (800) 458-5842.

**Submission:** Submit this form along with documentation that supports which fund type will be utilized.

**Filing Fee and Payment:** None

**Website:** All forms are available on the Secretary of State's Website, [www.azsos.gov](http://www.azsos.gov).

**Processing:** 2-3 weeks

**1. Dance studio information**

Name of Dance Studio		Name of Principal		
Address	City	State	Zip	Phone Number ( )

**2. Fund Type**

Certificate of Deposit Payable to the State Treasurer, A.R.S. § 44-1749(C)(1)

Number	Amount	Date of Maturity
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Investment of Certificate Payable to the State Treasurer, A.R.S. § 44-1749(C)(2)

Number	Amount	Date of Maturity
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Cash Deposited Payable to the State Treasurer, A.R.S. § 44-1749(C)(3)

Received by State Treasurer	Amount	Date
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Surety Bond, A.R.S. § 44-1749(B)

Name of Surety	Policy/Bond Number	Amount	Date of Maturity
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**3. Principal Attestation**

I, \_\_\_\_\_, solemnly affirm, under penalty of perjury, that the answers to all questions on this application and all copies of documents included with this application true, complete, unaltered and correct.

I understand that this filing may be returned if the appropriate documentation reflecting the fund type is not received.

Principal Name	Principal Signature	Date
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