



Sexually Oriented Entertainment Business License Application

BUSINESS INFORMATION					
Business Name:		Federal Tax ID Number:		State Sales Tax Number:	
Contact Person	Last Name:		First Name:		Middle Name:
Business Address	Street:		City:		State: Zip:
Mailing Address	Street:		City:		State: Zip:
Business Phone:		Preferred Phone:		E-Mail Address:	
Description of sexually oriented entertainment to be performed on premises:					
Has any applicant, partner, or corporate officer/director listed herein had a business license of any type revoked or suspended by this or any other city, county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, state the reason for the suspension or revocation and the business activity subjected to the suspension or revocation:					
IF BUSINESS IS A PARTNERSHIP					
(Provide info of all partners in the business within 5 years immediately prior to the date of this app.)					
Last Name:		First Name:		Middle Name:	Date of Birth: Social Security Number:
Home Address	Street:		City:		State: Zip:
Last Name:		First Name:		Middle Name:	Date of Birth: Social Security Number:
Home Address	Street:		City:		State: Zip:
Last Name:		First Name:		Middle Name:	Date of Birth: Social Security Number:
Home Address	Street:		City:		State: Zip:
IF BUSINESS IS A CORPORATION					
(Provide info on all corporate officers, directors, and stockholders who own(ed) more than 10% in the corporation within 5 years immediately prior to the date of this application.)					
Last Name:		First Name:		Middle Name:	Date of Birth: Social Security Number:
Home Address	Street:		City:		State: Zip:
Last Name:		First Name:		Middle Name:	Date of Birth: Social Security Number:
Home Address	Street:		City:		State: Zip:
Last Name:		First Name:		Middle Name:	Date of Birth: Social Security Number:
Home Address	Street:		City:		State: Zip:

APPLICANT INFORMATION					
Last Name:		First Name:		Middle Name:	
Occupation:		Social Security #:	Date of Birth:	Place of Birth:	
Home Address	Street:	City:		State:	Zip:
Mailing Address	Street:	City:		State:	Zip:
Home Phone:		Preferred Phone:	E-Mail Address		
OWNER OF PREMISES INFORMATION					
Last Name:		First Name:		Middle Name:	
Home Address	Street:	City:		State:	Zip:
Mailing Address	Street:	City:		State:	Zip:
Home Phone:		Preferred Phone:	E-Mail Address		

A FULL SET OF FINGERPRINTS AND A PHOTOGRAPH (TO BE TAKEN BY THE POLICE DEPARTMENT) MUST BEEN TAKEN OF THE APPLICANT, ALL PARTNERS, AND/OR ALL CORPORATE OFFICERS/DIRECTORS. (The Police Department will assess a charge for these services.)

No applicant partner, or corporate officer/director been convicted of, released from confinement for conviction of, or diverted from prosecution on:

1. A felony criminal act within five (5) years immediately preceding this application;
2. A misdemeanor criminal act within five (5) years immediately preceding the application, where such felony or misdemeanor criminal act involved sexual offenses, prostitution, promotion of prostitution, sexual abuse of a child, pornography or related offenses as defined in the Kansas Controlled Substance Act or other state statutes of similar applicability or ordinances.

This statement shall also indicate that the applicant, each partner or corporate officer and director has not been convicted of a municipal ordinance violation or diverted from prosecution on a municipal ordinance violation, within two (2) years immediately preceding the application where such municipal ordinance violation involves sexual offenses, indecent exposure, prostitution or sale of controlled substances or illegal drugs or narcotics.

As _____ of _____
 (Title) (Name of partnership or Corporation)

I hereby certify that I have personal knowledge that the above and foregoing information is true and correct. I have read Chapters 6, Article 3, of the Code of the City of Lawrence which regulates sexually oriented entertainment businesses and hereby agree to abide by all rules and regulations therein. I certify that all documentation required have been supplied. I understand fees paid for processing this application are not refundable in the event this license is not approved or revoked for any reason.

- PLEASE INCLUDE:** \$500.00 fee per year
- A certified copy of the current certificate of registration issued by the Kansas Secretary of State for corporations must be attached
- A statement of employment, occupation, or business of applicant, partners, and/or corporate officers and directors for three years immediately preceding the date of this application must be attached
- A copy of the lease or rental agreement and a site plan of the premises must be attached

 APPLICANT'S NAME (Printed)

 APPLICANT'S SIGNATURE

 TODAY'S DATE

**SEXUALLY ORIENTED ENTERTAINMENT BUSINESS LICENSE APPROVAL
 (For Office Use Only)**

Application submitted this _____ day of _____, _____

Fee paid: \$ _____

I hereby approve disapprove this application.

 Chief of Police

I hereby approve disapprove this application.

 Fire Chief

I hereby approve disapprove this application.

 Director of Planning & Development
 Services

I hereby approve disapprove this application.

 City Clerk