



Sexually Oriented Business License Application

BUSINESS INFORMATION					
Business Name:				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:		
<p>NOTE – On applications requesting a license to operate a bath house or body painting studio, the applicant shall provide for each employee a health certificate from a duly licensed Kansas Physician stating that within ninety (90) days prior thereto and the applicant and all other persons working on the premise have been examined and found free of any contagious or communicable disease. This shall be a continuing requirement. For each person who is employed, the above described health certificate shall be submitted to the City Clerk within 48 hours of the time such person begins employment.</p>					
IF BUSINESS IS A PARTNERSHIP OR LIMITED LIABILITY PARTNERSHIP (Provide information below of all partners or limited partnerships in the business)					
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 OR LIMITED LIABILITY COMPANY (Provide information below on all corporate officers, directors, and stockholders who own more than 25% interest in the corporation or limited liability company.)					
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		
Has any applicant, corporate officer or director, stockholder, partner or member who owns more than 25% interest in such entity in previously operating in this or another city, county or state, has had an adult business or sex shop 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 to the above question, state the reason for the suspension or revocation and the business activity subjected to the suspension or revocation:				
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.)

A statement from the applicant, all partners, or each corporate officer and/or director been convicted of, released from confinement for conviction of, or diverted from prosecution on:

1. Any felony, whichever event is later, within five (5) years immediately preceding the application;
2. A misdemeanor criminal act within two (2) years immediately preceding the application, where such felony or misdemeanor involved sexual offenses, prostitution, indecent exposure, sexual abuse of a child or pornographic or related offenses, or controlled substances or illegal drugs or narcotic offenses as defined in the Kansas Statutes or municipal 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 involved 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 2, of the Code of the City of Lawrence which regulates sexually oriented 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:** \$250.00 fee per year
 A certified copy of the current certificate of registration issued by the Kansas Secretary of State for corporations or Foreign Corporations must be attached
 A copy of the lease or rental agreement and a site plan of the premises must be attached
 If the applicant is a corporation or limited liability company, attach a current certificate of registration issued by the Kansas Secretary of State
 A statement from the applicant whether the applicant, or any corporate officer or director, or stockholder, partner or member who owns more than 25% interest in such entity in previously operating in this or another city, county or state, has had an adult business or sex shop license of any type revoked or suspended, and if so, the reason for the suspension or revocation and the business activity subjected to the suspension or revocation.

APPLICANT'S NAME (Printed)

APPLICANT'S SIGNATURE

TODAY'S DATE

**SEXUALLY ORIENTED 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

Approved by the City Commission this _____ day of _____, _____

City Clerk