



SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Application for: () ADULT ARCADE () ADULT BOOKSTORE, NOVELTY STORE, OR VIDEO STORE
 () ADULT CABARET () ADULT MOTEL () ADULT ENTERTAINMENT OUT-CALL SERVICE
 () ADULT MOTION PICTURE THEATER () ADULT THEATER () SEMI-NUDE MODEL STUDIO
 () SEXUAL ENCOUNTER ESTABLISHMENT

Application is: () New () Renewal () Update () Location Change

Indicate whether owned by a Corporation (), Partnership (), Individual ().

NOTE: If owned by a corporation or partnership, a separate application must be completed by each officer, director, general partner, or other person involved in the management of the business.

Name of Applicant _____ Sex () M () F

AKA (Maiden Name) _____ Date of Birth _____

Address _____

Street City State Zip Code
 Home Phone _____ Cell Phone _____ Email _____

Social Security Number _____ Cincinnati Income Tax Account Number ____ - _____

Employer's Name _____ DBA _____

Employer's Address _____

Street City State Zip Code

Employer's Mailing Address _____
 Street or PO Box City State Zip Code

Federal Tax ID # _____ Cincinnati Income Tax Account Number ____ - _____

Business Phone _____ Email Address _____

Statutory Agent or other agent authorized to receive service of process.
 Name _____

Address _____

Street City State Zip Code

Indicate if you are under any Court Orders to pay child support? () Yes () No

If yes, provide (1) Name of Court _____

(2) Status of Payments: () Current () Arrears

Have you ever applied for a sexually oriented business license/permit? () Yes () No

If yes, list Issuing Jurisdiction and Effective Dates. If the license/permit was denied, revoked, or suspended, state the reasons.

Are you currently legally married? () Yes () No

Spouse's S.S. # _____ Spouse's Cincinnati Income Tax Account Number ____ - _____

Neither the applicant nor his/her spouse has not been arrested for/or convicted of any felony or misdemeanor except as follows. List all arrests or convictions, except for traffic violations. Use reverse side if necessary.

Applicant

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

Spouse

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

Date _____ Charge _____ Location (City & State) _____

Applicant certifies that he/she has received a copy of the Code governing the operation of Sexually Oriented Businesses and Employees.

_____ being duly sworn says that the statements contained in the foregoing application are true.
Print Name

SIGN _____
Applicant

Sworn to me and signed in my presence this _____ day _____, 20 _____.

Notary Public

ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO.

TREASURY USE ONLY

Police Records: Approved () Disapproved () **Zoning:** Approved () Disapproved () **Law:** Approved ()
Disapproved ()

Income Tax: Approved () Disapproved () Floor Plan Submitted () License application fee paid ()

Proof of Age Verification

Birth Certificate () OH Driver's License # _____ Other Gov't ID _____

License No. _____ Date Issued _____ Expiration Date _____ License Fee _____

Date Received _____

A Renewal License carries a 5% penalty, per month, if not renewed within 15 days of expiration.