

Salt Lake City Corporation
Sexually Oriented Business Application

Type of Business: (Check one)

Corporation ___ Partnership ___ Proprietorship ___ Limited Partnership ___

Person signing this application in behalf of applicant business:

Full and correct legal name _____

Residence address _____

Street

City

State

Zip

Legal relationship to applicant name _____

Is signer the local Salt Lake City manager or supervisor? _____

If person signing this application will not be the manager at the business locations listed herein, identify such manager:

Full and correct legal name _____

Residence address _____

Street

City

State

Zip

Full and correct legal name of applicant business _____

Present business, street address of applicant

Street

City

State

zip

Is anticipated business address a private residence? _____

All present business telephone numbers _____

All other names or aliases used by applicant business in the past 10 years, dates and locations of use.

Alias

Date used

Locations used

Alias

Date used

Locations used

Alias

Date used

Locations used

Identify all person authorized to sign check for the applicant business:

Full legal name _____

Residence address _____

Social Security number _____

If applicant is a corporation, supply the following:

State where incorporated _____

Date of issuance of Certificate of Authority or Certificate of Incorporation by the Utah Department of Business Regulation _____ (A complete copy of applicant's Articles of Incorporation, bylaws, and all amendments thereto is required as a part of this application.)

All present officers of applicant:

Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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All present directors of applicant:

Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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All share holders of more than 10% of the applicant corporation:

Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officers title
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If applicant is a partnership or limited partnership, supply the following:

Date of partnership formation _____

Is partnership agreement filed with any public office? _____

If yes, give locations where filed: _____

Office title	Street address	City	State	Zip
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A copy of partnership agreement with all amendments is required as part of this application.

Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officer's title
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Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officer's title
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Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officer's title
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Identify all corporate shareholders, holding companies and other entities holding more than 10% interest of any kind in applicant:

Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officer's title
Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officer's title
Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Officer's title

All previous business street addresses of applicant and dates of operation for the past 3 years:

Street	City	State	Zip	Date
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All licenses and permits issued for a five year period immediately preceding the date of this application.

License type	Address	City	State	Zip
License type	Address	City	State	Zip
License type	Address	City	State	Zip
License type	Address	City	State	Zip

Has applicant ever had a license or permit revoked, denied or suspended? _____

In the event of any such revocation, denial or suspension, state the date, name of issuing or denying jurisdiction and state in full the reason for the denial, revocation or suspension. (A copy or any order of denial, revocation or suspension must be attached to application.)

License type	Date	Name of jurisdiction
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Reason for action

Will any portion of this business be devoted to the sale of adult items? _____

How much of the retail floor or shelf space will be devoted to adult books, paraphernalia and videos?
 _____ What percentage? _____

Is applicant the owner of record of the real property upon which applicant business is or is to be located?
 _____ *If "No," provide the following information regarding the legal or equitable owner of the possessory interest in the subject real property.*

Full legal name	Residence address	Phone number
Full legal name	Residence address	Phone number

(A notarized statement from the legal owner acknowledging the type of business for which applicant seeks a license for the property and a copy of the current lease or rental agreement pertaining to the premises in which the business is or will be located is required as part of the application.)

A complete description of the services to be provided by applicant business, with sufficient detail to allow reviewing authorities to determine what business will be transacted:

Schedule of usual fees for services to be charged by licensee : _____

Hours business or service will be open to the public: _____

Any and all rules, regulations or employment guidelines by which applicant business intends to operate:

Methods to be employed by applicant business to promote the health and safety of employees and patrons:

Methods to be employed by applicant business to prevent employees and patrons from engaging in illegal activities: _____

Methods of supervision to be employed by applicant business to prevent employees from engaging in acts of prostitution or other related criminal activities: _____

Methods employed to supervise employees and patrons to prevent them from charging or receiving fees for services or acts prohibited by the Sexually Oriented Business ordinance or other statutes or ordinances:

Methods to be employed to screen employees in order to promote the health and safety of employees and customers and to prevent the transmission of diseases and acts of prostitution or other criminal activity:

Methods to be employed to screen customers in order to promote the health and safety of employees and customers and to prevent the transmission of disease and acts of prostitution or other criminal activity:

Signature below constitutes attestation that the signer is the above named applicant or is a representative having full authority to apply for and to bind the applicant. Said signature further constitutes attestation to the truthfulness, completeness and accuracy of all information and that misrepresentation of any answer herein may result in business application denial or revocation and any other penalties, including criminal penalties, as provided by law.

I do know and understand the State and City laws governing “Sexually Oriented Businesses” and understand that application for a Sexually Oriented Business License shall constitute a waiver of disclosure for any criminal arrests or convictions for the propose of any proceedings involving the business license application.

Applicant’s signature

Subscribed and sworn to before me this _____ day of _____, 19____.
My commission expires _____

Notary public residing in Salt Lake County

NOTICE TO APPLICANT: ANY CHANGE IN THE INFORMATION REQUIRED TO BE SUBMITTED UNDER THIS ORDINANCE FOR EITHER A SEXUALLY ORIENTED BUSINESS LICENSE OR SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE, SHALL BE GIVEN IN WRITING TO THE BUSINESS LICENSE AUTHORITY AND THE POLICE DEPARTMENT, WITHIN FOURTEEN DAYS OF SUCH CHANGE

NOTICE: THIS IS NOT A LICENSE

All information required by City ordinance must accompany this form and be checked at the office of City Business Licensing before this form is processed. The date of processing is based on the date accepted at Salt Lake City Police Department, Vise Unit, located at the Public Safety Building, 315 East 200 South, Salt Lake City. Allow thirty days for processing.

WARNING: Any fraud or material misrepresentation upon any person charged with enforcement of City ordinance, is subject to denial or revocation of any license issued by the City, an other penalties, including criminal penalties, as provided by law.

All information submitted will be investigated by the Salt Lake City Police Department and other City agencies.