



Badge # _____
Year _____
New _____ Renewal _____

APPLICATION FOR ADULT ORIENTED BUSINESS LICENSE

Name of Business _____

Address _____ Phone _____

Legal Description _____

Property Owner _____

Property Owner Address _____

Description of the nature and type of adult-oriented business to be conducted: _____

APPLICANT INFORMATION

Applicant Name _____

Home Address _____ Phone _____

Occupation _____ Social Security Number _____

Date of birth _____ Place of Birth _____

MANAGEMENT INFORMATION

Manager, if different or other person involved in daily management _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

CORPORATE, PARTNERSHIP OR LIMITED LIABILITY COMPANY INFORMATION

Attach additional sheets as necessary

List the following information for all partners, if partnership or limited liability company, for all corporate officers, and directors, if corporation, and all stockholders or members who own more than 25% interest in the corporation.

Name _____ Title _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

Name _____ Title _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

Name _____ Title _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

GENERAL INFORMATION
Attach additional sheets as necessary

1. Has the 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 had an adult business license revoked or suspended? If yes, list date, whether suspension or revocation, the reason for suspension or revocation and the business activity subjected to the suspension or revocation.

2. Has the applicant, corporate officer or director, stockholder, partner or member who owns more than 25% interest in such entity ever been convicted of, or released from confinement for conviction of, or diverted from prosecution on, any felony, whichever event is later, within five (5) years immediately preceding this application, or been convicted of, or diverted from prosecution on a misdemeanor or released from confinement for conviction of a misdemeanor, whichever event is later, 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 pornography or related offenses.

3. Has the applicant, corporate officer or director, stockholder, partner or member who owns more than 25% interest in such entity ever 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 or prostitution.

4. Tax identification number and registered agent _____
5. If applicant is a corporation or limited liability company, a current certificate of registration issued by the Kansas Secretary of State must be attached to this application.

I have read and agree to comply with all requirements of the Salina Code and regulations relating to the operation of an adult oriented business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I also understand that these statements in this application will be verified and that the application will not be approved if the facts have been misrepresented.

This application shall be signed by the applicant. If applicant is a corporation, it shall be signed by the corporate president. If a partnership, it shall be signed by a general partner. In all other instances where the owner is not an individual, the application shall be signed by an authorized representative of the owner. Proof of authorization may be required before the application is accepted.

Date _____ Signature _____ Title _____

Amount Paid \$ _____ Date _____ Receipt No. _____ Received by _____

Certificate of Police Department

I certify that I have reviewed this application and the applicant and others involved in the management of the business have/have not met the qualifications necessary for an adult oriented business license.
APPROVED/ DISAPPROVED

Date Police Department

Certificate of Planning and Community Development

I certify that I have reviewed this application and determined whether the premises meet the regulations necessary for an adult oriented business license. APPROVED/ DISAPPROVED

Date Planning and Community Development

Certificate of Building Official

I certify that I have reviewed this application and determined whether the premises meet the regulations necessary for an adult oriented business license. APPROVED/ DISAPPROVED

Date Building Official

Certificate of City Manager

I certify that I have reviewed this application and determined whether the applicant meets the regulations necessary for an adult oriented business license. APPROVED/DISAPPROVED

Date City Manager

Certificate of City Clerk

I certify that I have reviewed this application and determined whether the applicant meets the regulations necessary for an adult oriented business license. APPROVED/DISAPPROVED

Date City Clerk
