



APPLICATION FOR ADULT ORIENTED BUSINESS LICENSE

**All questions on this application must be answered completely before the application will be considered.
Answers must be typed or legibly printed.**

TYPE OF APPLICATION

- Select the description that applies to you (check one):
 - I am applying for an Original License
 - I am applying to renew a license (License # _____ that expires on _____)
- Type of business to be performed on the licensed premises
 - Book Store Motion Picture Theatre Show (includes cabaret or peep show) Other (describe below)
- Select the type of ownership (check one)
 - Sole Proprietorship Corporation Partnership Unincorporated Association

ESTABLISHMENT INFORMATION

4. Fill out the below Establishment Information

Business Name	Federal Employer identification Number (EIN)
Business Address	Business Phone
City, State, Zip	Business Email
Building Owner's Name	Building Owner's Phone/ Email

- Is this establishment in the same building as another adult entertainment establishment or in a separate building that is less than 1500 feet from another adult entertainment establishment? Yes No
- Is this establishment located within 1000 feet of any residence or school bus stop regardless of zoning? Yes No
- Is this establishment located within 2800 feet of any church or school? Yes No
- Does this business have all required State/ City business licenses? Yes No WA State UBI #__

INFORMATION ABOUT OWNERSHIP

9. Enter this information about the person who is responsible for submitting this application. (If "Sole Proprietorship" is checked in Question 2, this person must be the proprietor. If "corporation" is checked, this person must be a director of the corporation. If "partnership" or "unincorporated association" is checked, this person must be a general partner or member of the association.)

****ALL OF THE FOLLOWING INFORMATION MUST BE SIGNED AND NOTORIZED****

Applicant's Name	Social Security Number	
Applicant's Current Residential Address	Applicant's Current Mailing Address (if different)	
City, State, Zip	City, State, Zip	
Phone	Email	
Applicant's Occupation	Date of Birth	Place of Birth

INFORMATION ABOUT MANAGEMENT, EMPLOYEES & OTHERS WORKING IN OR WITH THE BUSINESS ESTABLISHMENT

10. List each employee for the business below. If you need more room attach a separate sheet.

****All employees listed must submit a signed, completed and notarized *Certificate of Individual form*****

Manager Full Name	Title
Manager Full Name	Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title
Employee Full Name	Job Title

If you need more room attach a separate sheet.

11. Does this business have any independent contractors? Yes No If yes, list each below

****All Independent Contractors listed must submit a signed, completed and notarized *Certificate of Individual form*****

Independent Contractor Full Name	Job Title
Independent Contractor Full Name	Job Title
Independent Contractor Full Name	Job Title

If you need more room attach a separate sheet.

12. List each person responsible for procuring sexually-oriented material for the business.

****All Procurers listed must submit a signed, completed and notarized *Certificate of Individual form*****

Procurer Full Name	Relationship with Business
Procurer Full Name	Relationship with Business
Procurer Full Name	Relationship with Business

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13. Has the applicant or any other individuals listed pursuant to OMC Title 5, Chapter 5.16, Section 5.16.060 A. (1)(a), (b) and (c) within a four (4) year period immediately preceding the date of application been convicted of any crime? ? Yes No

If yes, list the specific criminal offense convicted of, the date and place of conviction, and the penalty imposed.

14. Has the applicant or any of the other individuals listed pursuant to OMC Title 5, Chapter 5.16, Section 5.16.030 A. (1) a, (b), and (c) within a four (4) year period immediately preceding the date of application had a previous permit or license under this chapter or other similar ordinances from another City or County in the United States of America denied, suspended, or revoked? Yes No

If yes, list the name(s) date(s) and complete addresses of the adult oriented business where the denial, suspension, or revocation occurred and provide the name, address, and phone number of the agency and/or jurisdiction that took the action.

15. Does the applicant or any other individual listed pursuant to OMC Title 5, Chapter 5.16, Section 5.16.030 A. (1) a, (b) and (c) hold any other current permits and/or licenses for adult oriented and/or sexually oriented businesses in any other City or County in the United States of America? Yes No

If yes, provide the names, phone numbers, physical addresses, and mailing addresses of any such businesses.

16. Has the applicant or any other individual listed pursuant to OMC Title 5, Chapter 5.16, Section 5.16.030 A. (1) a, (b) and (c) within the last ten (10) years immediately preceding the date of application been convicted of a felony involving adult oriented businesses including, but not limited to prostitution, promoting prostitution, violation of RCW 9A.40.100 and RCW 9.68A.100-103 and/or controlled substances as that term is defined in Chapter 69.50 RCW? Yes No

If yes, list the specific criminal offence convicted of, the date and place of conviction, and the penalty imposed.

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FOR CORPORATIONS ONLY – Please include a current certificate of registration issued by Washington State

Exact Corporate Name of Applicant	Date and Place of Incorporation
Corporation's Principal Office Street Address	City, State, Zip

Complete the following on all officers of the Corporation:

<i>Full Name</i>	<i>Full Current Address</i>	<i>Social Security Number</i>	<i>Date of Birth</i>

Complete the following on all stockholders who own 10% or greater interest in the Corporation:

<i>Full Name</i>	<i>Full Current Address</i>	<i>Social Security Number</i>	<i>Date of Birth</i>

Complete the following on all directors of the Corporation:

<i>Full Name</i>	<i>Full Current Address</i>	<i>Social Security Number</i>	<i>Date of Birth</i>

FOR PARTNERSHIPS ONLY

Partnership Name	Date Partnership Formed
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Complete the following on Partners:

<i>Full Name</i>	<i>Full Current Address</i>	<i>Social Security Number</i>	<i>Date of Birth</i>

FOR PARTNERS OR SOLE PROPRIETORS

_____, of lawful age being first duly sworn upon oaths, depose and say that (he, she) have read this application and the instructions with reference thereto and that (he, she, they) fully understand the same; that (he, she) know the contents and the statements contained therein and that the same are true. Applicant has personal knowledge of the information contained the application and has read the Ordinances of the City of Olympia, WA.

Subscribed and sworn to me before this _____ day of _____, _____

SIGNATURE

NOTARY PUBLIC

My Commission Expires:

I declare under penalty of perjury that the information provided in my application is true to the best of my knowledge. I hereby authorize the City of Olympia, its agents and employees to investigate and confirm any and all information provided on and / or submitted with my application.

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT