



APPLICATION FOR ADULT ORIENTED BUSINESS LICENSE
(Chapter 4.75 of the Sioux City Municipal Code)

1. Applicant's Full Name: _____

State whether you are:

- an **individual** (complete Sections A and D)
- a **partnership** (complete Sections B and D)
- a **corporation** or limited liability company (complete Sections C and D)

A. Individuals

1) State your legal name: _____

2) State all names and/or aliases you have used in the last five years:

3) Current business/mailling address: _____

4) Are you over 18 years of age?

- Yes No

Attach proof of age (current driver's license or a copy of birth certificate accompanied by a photo identification document issued by a government agency)

5) Location, legal description, mailing address, and phone number of adult oriented business:

B. Partnerships

1) State full name of partnership: _____

2) Identify all persons with an influential interest, including all names/aliases used by them in the last five years:

3) Current business/mailling address(es) of persons identified in B.2) above:

4) For each person listed in B.2) above, attach proof of age (current driver's license or a copy of birth certificate accompanied by a photo identification document issued by a government agency)

5) Location, legal description, mailing address, and phone number of adult oriented business:

C. Corporations

1) State full name of corporation or LLC, state in which incorporated or organized, and incorporation / organization date:

2) Identify all persons with an influential interest, including all names/aliases used by them in the last five years:

3) Current business/mailling address(es) of persons identified in C.2) above:

4) For each person listed in C.2) above, **attach proof of age** (current driver's license or a copy of birth certificate accompanied by a photo identification document issued by a government agency)

5) Proposed location of business:

Street address: _____

Mailing address (if different): _____

Phone number: _____

Legal description of property: _____

You must attach a sketch or diagram showing the configuration and total floor space of the premises. The sketch need not be professional but must be drawn to scale and be accurate to plus or minus 6 inches.

D. Please state the name and business address of the statutory agent or other agent authorized to receive service of process:

Name: _____

Address: _____

2. Has any person identified in response to question 1, subsection A, B or C:

A. In the last five (5) years, been convicted of, or released from confinement for the conviction of a specified criminal activity as defined in Chapter 4.75?

Yes No

If yes, state:

1) The name of the person and the charge convicted of: _____

2) The date of conviction: _____

3) The place of conviction: _____

4) Date of release from confinement: _____

(Respond on a separate sheet if additional space is needed.)

B. Had an influential interest in a sexually oriented business in the previous five (5) years that (at the time the person had such interest) has been declared by a court of law to be a nuisance, or had such a business subject to an order of closure or padlocking?

Yes No

If yes, state:

1) Name of the person and name of the business: _____

2) City, county, and state where such business is/was located: _____

3) Date of court order: _____

2. Is application fee attached? Yes No

3. **Certification:** By signing the following, I/we agree to and certify:
- A. To supplement the information contained in this application within ten (10) business days of any change in application information.
 - B. That the information contained herein is true, complete and correct.
4. This application must be signed by each individual identified in response to question 1, subsections A, B and C.

Signed: _____ Date: _____

STATE OF _____ SS
 COUNTY OF _____

On this _____ day of _____ 20 _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ to me known to be the identical persons named and who executed the foregoing application.

_____, Notary Public

FOR CITY USE ONLY

New Application	Renewal	\$175 Fee Collected	Temporary 30-day Approval Date
P.D. Approval Date	Legal Approval Date	Zoning Approval Date (New)	
Issue Date	License #:	Expiration Date:	

The City of Sioux City does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Individuals who need auxiliary aids for effective communication in programs and services of the City of Sioux City are invited to make their needs and preferences known to the ADA Compliance Officer, City Hall, 405 6th Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.