



# SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

## SECTION I. Establishment Information

Check any classifications that apply:

Adult Arcades   
  Adult Bookstores, Adult Novelty or Adult Video   
  Adult Cabarets   
  Adult Motels   
  Adult Motion Picture Theaters  
 Adult Theaters   
  Adult Vending Machines   
  Escort Agencies   
  Nude Model Studios   
  Sexual Encounter Centers

Doing Business As (DBA), Name on Signage, Name known to the public \_\_\_\_\_ Form of business:  
 Individual   
 Corporation   
 LLC   
 Partnership   
 Other \_\_\_\_\_

Street #    Direction    Street Name    Type    Suite/Apt # (List physical address, do not enter a Mail box type of address)

City    State    Zip Code + 4    (Area Code) Business Telephone #

Legal Business Name of Entity or Individual Name: \_\_\_\_\_

## SECTION II. Initial Applicant's Information

Applicants Name:    Last    First    M.

Home Address: \_\_\_\_\_

City    State    Zip Code + 4    Home Phone Number

Previous names by which you have been known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

## SECTION III. Listing of Controlling Persons

	Name	Title	% Owned
<b>Owners, Partners, LLC Members, or Officers</b>  (For Additional Names, Please Attach List)			

## SECTION IV. Sexually Oriented Business License History (previous 5 years)

Date of application	City	Was this license ever denied, revoked, or suspended? If yes, please provide a copy of any order or denial, revocation or suspension.

## SECTION V. Background Information

Have you or any person over the age of 18 years with who you reside, ever been convicted, or is awaiting trial on pending charges, of a criminal activity?     Yes     No

If yes, list each offense below:

Date	Offense	Location of Conviction	Penalty



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**SECTION VIII. Signature and Certification (all individuals having a controlling interest of 20% or more must sign and certify below)**

I certify that the statements made in this application are true and complete to the best of my knowledge. I hereby give consent to the Town of Marana to investigate my background, including any police records or records of any kind or description. I waive any claim or cause of action regarding the use of my background information or police record that I may have against the Town of Marana or its agents and employees, and against any other individual or agency disclosing or releasing background information to the Town of Marana. I certify that the corporation is in good standing, as applicable, and that I am familiar with the Code provisions governing the Sexually Oriented Business License. Incomplete applications may not be processed.

Print Name	Signature	Date

FOR OFFICE USE ONLY				
Department./Area Review	C.O. Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA	Initials	Comment
Building	C.O. Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Planning	Sign Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Police		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		
Finance		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> NA		