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SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

FEE: \$150.00 { } NEW \$60.00 { } RENEWAL

DATE:

ACCURACY IS IMPORTANT - CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF LICENSE.

SECTION I. ESTABLISHMENT INFORMATION			
Establishment Name			
Establishment Street Address			
City, State, Zip			Phone Number
SECTION II: BUSINESS INFORMATION			
Type of Ownership	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other
Name of Corporation Entity			
Date of Incorporation		State Where Incorporated	
SECTION III: LISTING OF OWNERS, OFFICERS, PARTNERS AND ANY PERSON OWNING MORE THAN 10% OF THE BUSINESS			
Title/Position	Last Name, First Name, Initial		% Owned
SECTION IV: INITIAL APPLICANTS INFORMATION			
Applicant's Name		Last	First MI
Address			Phone Number
City, State, Zip			
Title/Position at Establishment			
Social Security Number		Date of Birth	Month Day Year
Place of Birth	City	State	Country
Race	Color of Eyes	Weight	Height
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Color of Hair	
SECTION V: APPLICANT'S HOME ADDRESS HISTORY FOR PAST 3 YEARS			
From	To	Complete Address	City, State, Zip
	Present		

Mailing Address
P.O. Box 398, 315 Bridge St.
Elk Rapids, MI 49629

VILLAGE OF ELK RAPIDS

Telephone: (231) 264-9274
Fax: (231) 264-6337

SECTION VI: APPLICANT'S BUSINESS, OCCUPATION, OR EMPLOYMENT HISTORY FOR PAST 3 YEARS

From	To	Business Name	City, State, Zip

SECTION VII: BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY, IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

Have you ever been convicted in a court of competent jurisdiction of a felony or misdemeanor involving prostitution, indecent exposure, pornography or other crimes involving moral turpitude? Yes No If Yes, complete the following :

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever been denied a Sexually Oriented Business License, either in the Village of Elk Rapids or elsewhere? Yes No
If yes, where? Provide City, State.

SECTION VIII: SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

I hereby give consent to the Village of Elk Rapids to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the Village of Elk Rapids or its agents and employees, and against any other individual or agency disclosing or releasing background information to the Village of Elk Rapids. I also certify that I am familiar with the Code provisions governing the Sexually Oriented Business License.

Print Name	Signature	Date
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Copy of Drivers License

For Office Use Only	
Filing Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Paid:
Special Use Permit Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
License Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Approved By:	

**SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION
SUPPLEMENTAL QUESTIONNAIRE**

ADDITIONAL OWNERS, OFFICERS, PARTNERS OTHER THAN APPLICANT
(COMPLETE PAGES 3 AND 4 FOR EACH ADDITIONAL OWNER, OFFICER OR PARTNER)

SECTION I: OWNERS, OFFICERS, PARTNERS INFORMATION

Applicant's Name		Last	First	MI
Address				Phone Number
City, State, Zip				
Title/Position at Establishment				
Social Security Number		Date of Birth	Month	Day Year
Place of Birth	City	State	Country	Sex { } Male { } Female
Race	Color of Eyes	Weight	Height	Color of Hair

SECTION II: RESIDENTIAL ADDRESSES FOR PAST 3 YEARS

From	To	Complete Address	City, State, Zip
	Present		

SECTION III: PREVIOUS BUSINESS, OCCUPATION, OR EMPLOYMENT HISTORY FOR PAST 3 YEARS

From	To	Business Name	City, State, Zip

SECTION IV: BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY, IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

Have you ever been convicted in a court of competent jurisdiction of a felony or misdemeanor involving prostitution, indecent exposure, pornography or other crimes involving moral turpitude? { } Yes { } No If Yes, complete the following :

Date	Offense	Location of Conviction	Penalty Assessed

Have you ever been denied a Sexually Oriented Business License, either in the Village of Elk Rapids or elsewhere? { } Yes { } No
If yes, where? Provide City, State.

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Print Name

Signature

Date

Copy of Drivers License