

POTTAWATTAMIE COUNTY, IOWA APPLICATION SEXUALLY ORIENTED BUSINESS LICENSE

CLASS	<input type="checkbox"/> Adult bookstore, adult novelty store, adult video store <input type="checkbox"/> Adult cabaret <input type="checkbox"/> Adult motel <input type="checkbox"/> Adult motion picture theater <input type="checkbox"/> Semi-nude model studio	
APPLICANT	Name <input type="checkbox"/> Individual <input type="checkbox"/> Business	
	Mailing Address	Street City, State, Zip Code
	Current Business Address	Street City, State, Zip Code
	Telephone Number(s)	Home Work Cellular
	Email Address	
	Other Names <i>(used in preceding 5 years)</i>	
STATUTORY AGENT AUTHORIZED AGENT	Name <input type="checkbox"/> Individual <input type="checkbox"/> Business	
	Mailing Address	Street City, State, Zip Code
	Current Business Address	Street City, State, Zip Code
	Telephone Number(s)	Home Work Cellular
	Email Address	
BUSINESS LOCATION INFORMATION	Business Name	
	Business Entity	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ Authorized to do business in Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Civil Township	
	Legal Description	<input type="checkbox"/> Per Attachment
	Parcel Number	
	Mailing Address	
	Telephone Number(s)	Home Work Cellular
	Email Address	
Zoning District	<input type="checkbox"/> A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-5 <input type="checkbox"/> C-1 <input type="checkbox"/> C-2 <input type="checkbox"/> C-3 <input type="checkbox"/> I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3	

CONVICTIONS	List criminal activity for which the applicant has been convicted or has pled guilty or nolo contendere to a specified criminal activity as defined in the attached ordinance. Check here if none <input type="checkbox"/> .				
	<i>Date of criminal activity</i>	<i>Charge/Type of criminal activity</i>	<i>Jurisdiction/ Location of Criminal Activity</i>	<i>Date of Conviction</i>	<i>Release from Confinement</i>

ATTACHED TO THIS APPLICATION IS THE FOLLOWING DOCUMENTATION AND/OR ATTACHMENTS:

- | | | |
|---|--------------------------|--------------------------|
| | Attached | NA |
| A. Filing Fee-Checks are to be made payable to "Pottawattamie County Treasurer" | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Applicant Birth Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Copy of Government Issued Picture identification card | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Sketch or diagram of premises configuration | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Statement of total floor space occupied by business | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Business Applicant Certificate of Good Standing | <input type="checkbox"/> | <input type="checkbox"/> |

If a person who wishes to operate a sexually oriented business is an individual, he shall sign the application for a license as applicant. If a person who wishes to operate a sexually oriented business is other than an individual, each officer, director, general partner, each other person who will manage, supervise, or control the premises, and each other person who will participate in decisions relating to management and control of the business shall sign the application for a license as applicant. Each applicant must be qualified under Section 3.55.050 and each applicant shall be considered a licensee if a license is granted.

APPLICANT'S CERTIFICATION

I, (WE) CERTIFY THAT AS THE APPLICANT(S) FOR A SEXUALLY ORIENTED BUSINESS THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND THE ACCOMPANYING DOCUMENTATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ALL ASPECTS OF THIS BUSINESS WILL BE CONDUCTED IN ACCORDANCE WITH THE POTTAWATTAMIE COUNTY, IOWA CODE and all other applicable law.

Signature of Applicant: _____ Date: _____
 Type or Print Name: _____

STATE OF _____ } §
 COUNTY OF _____ }

On this day of _____, 20___, before me the undersigned, a Notary Public in and for said County, in said State, personally appeared _____, to me personally known, who, being by me duly sworn, did say that the execution of this instrument was his voluntary act and deed.

(Notary Seal)

Notary Public in and for _____

