

City of Longmont



Sexually Oriented Business Employee License Application (Attach additional sheets to provide complete information.)

Application Fee (Initial or Renewal): \$200.00

1. Classification or classifications of sexually oriented business for which the applicant seeks an employee license:
 - A. Adult arcade _____
 - B. Adult bookstore, adult novelty store or adult video store _____
 - C. Adult cabaret _____
 - D. Adult motel _____
 - E. Adult motion picture theater _____
 - F. Adult theater _____
 - G. Adult model studio _____

2.
 - A. Applicant's full true name: _____
 - B. Any other names the applicant has used in the preceding five (5) years: _____

3.
 - A. Applicant's current business address and telephone number: _____

 - B. Applicant's current home address and telephone number: _____

4. Applicant's social security number: _____

5. Has applicant ever held any license or permit relating to a sexually oriented business? _____
If the answer to the preceding question is yes, then, for each previously held license or permit relating to a sexually oriented business, state the following:
 - A.. The issuing jurisdiction _____
 - B. The effective dates of each respective license or permit _____
 - C. Whether any such license or permit has been denied, revoked, or suspended: _____

 - D. If the answer to the preceding question is yes, state, for each license denied, revoked, or suspended, the reason or reasons for the denial, revocation, or suspension: _____

The applicant shall correct or supplement the information provided above in writing by delivering the corrected or supplemental information or by sending it certified mail (return receipt requested) to the City Clerk within ten (10) working days of a change of circumstances that would render the information originally submitted false or incomplete.

I hereby swear that the statements contained in this Sexually Oriented Business License Application are true and correct.

(Employee Applicant)

State of Colorado)
)SS.
County of Boulder)

Subscribed and Sworn to before me this _____ day of _____, _____, by the person whose signature appears above.

WITNESS my hand and official seal.

SEAL

Notary Public

My commission expires: _____

Attachment 1
Proof of Applicant Age †

† Here attach written proof of applicant's age in the form of either

- A. a copy of a birth certificate and current photo,
- B. a current driver's license with picture, or
other picture identification document issued by a governmental agency

Attachment 2
Applicant's Fingerprints ‡

‡ Here attach a set of the applicant's fingerprints suitable for conducting necessary background checks under Longmont Municipal Code, Chapter 6.65