

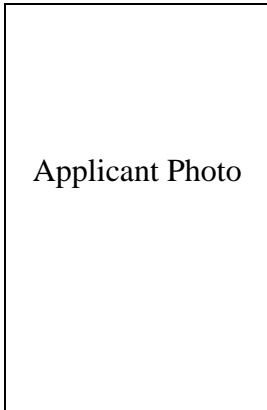
**APPLICATION FOR SEXUALLY ORIENTED BUSINESSES (Corporation)**

**SECTION I.**

No person shall operate a sexually oriented business without a valid sexually oriented business license issued by [TOWNSHIP]. This application will not be processed unless all applicable questions have been answered and until cash, cashier’s check, or money order in the amount of the applicable license fee or license renewal fee have been submitted. FEES ARE NONREFUNDABLE.

**This application form is for business entities owned by a corporation, whereby each officer or director of the corporation, or any individual owning or controlling more than fifty (50) percent of the voting shares of the corporation, and any person with an ownership interest in the corporation who will be principally responsible for the operation of the proposed sexually oriented business.**

**SECTION II.**



**Name(s) of Officer(s)/Director(s):** \_\_\_\_\_  
Last First Middle

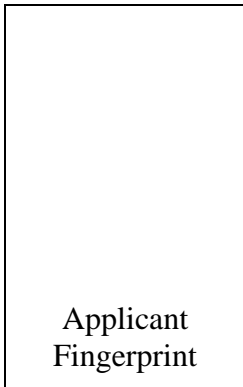
**Names (cont’d):** \_\_\_\_\_  
Last First Middle

**Names (cont’d):** \_\_\_\_\_  
Last First Middle  
(Continue on back if necessary)

**Alias(es):** \_\_\_\_\_  
Last First Middle  
(Continue on back if necessary)

**Current Physical Address:** \_\_\_\_\_  
Street Address City State Zip County

**Mailing Address (if different from above):** \_\_\_\_\_  
Street Address City State Zip County



**Telephone #:** \_\_\_\_\_  
Cell Home Work

**Date of Birth:** \_\_\_\_\_ **Driver’s License #:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **OR Tax Identification #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Sex of Applicant:**  Male  Female

**Race/National Origin of Applicant:**  White  Hispanic  American Indian/Alaskan Native  
 Other \_\_\_\_\_

Please describe and identify the location of any tattoos on your face, arms, legs, or hands, or any other anatomical area that normally would be visible when you are on the premises of the proposed sexually oriented business.

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**SECTION III.**

**Name of Proposed Business:** \_\_\_\_\_

**Legal Description of Property (i.e., permanent parcel number):** \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Address City State Zip County

**Mailing Address**

**(if different from above):** \_\_\_\_\_

Street Address City State Zip County

**Telephone #:** \_\_\_\_\_

**SECTION IV. THE FOLLOWING ARE TO BE ANSWERED “YES” OR “NO.”**

(1) Have you ever been convicted of or plead guilty to any criminal offense, including, but not limited to, prostitution or promoting prostitution; soliciting; loitering to engage in solicitation; sexual performance by a child; public lewdness; indecent exposure; indecency with a child; sexual assault; molestation of a child; or any similar offenses to those described above under the criminal or penal code of any local jurisdiction, state, or country?.....  YES  NO

If yes, please include the criminal activity involved, the date, place, and jurisdiction of each such conviction.

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(2) Have you held a previous license under [Resolution XX] or other similar regulation of another jurisdiction denied, suspended, or revoked? .....  YES  NO

If yes, please include the name and location of the sexually oriented business, as well as the date of the action taken.

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(3) Have you been a partner in a partnership or an officer, or fifty (50) percent or greater owner of a corporation licensed under [Resolution XX] whose license has previously been denied, suspended, or revoked?.....  YES  NO

If yes, please include the name and location of the sexually oriented business, as well as the date of the action taken.

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(4) Do you hold any other licenses under [Resolution XX] or other similar regulation from this or another jurisdiction?.....  YES  NO  
If yes, please provide the name and location of such other licensed businesses.

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**NOTARIZATION**

State of \_\_\_\_\_  
County of \_\_\_\_\_ SS.

Under penalties of perjury, I, the undersigned, do hereby swear or affirm that this application and all attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by [Township]. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with [Township] or revocation of any license/registration granted by [Township], and could result in other legal action initiated against me, including but not limited to, criminal prosecution.

\_\_\_\_\_  
Signature of Applicant                      Printed Name                      Date

\_\_\_\_\_  
Signature of Applicant                      Printed Name                      Date

\_\_\_\_\_  
Signature of Applicant                      Printed Name                      Date

\_\_\_\_\_  
Signature of Applicant                      Printed Name                      Date

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*Seal or stamp must be affixed to original*

\_\_\_\_\_  
Notary Public PRINTED Name

\_\_\_\_\_  
Notary Public SIGNATURE

My Commission Expires \_\_\_\_\_

**WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.**