

**ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

FOR OFFICE USE ONLY

Police Dept. Approval \_\_\_\_\_  
ID Provided \_\_\_\_\_  
Fee Paid \_\_\_\_\_

**CITY OF ROCHESTER  
CITY CLERK'S OFFICE, LICENSING UNIT  
CITY HALL, ROOM 100-A**

**SEXUALLY ORIENTED BUSINESS EMPLOYEE APPLICATION**

**YOUR APPLICATION AND LICENSE FEES ARE NON-REFUNDABLE**

**APPLICATION MUST BE PRINTED OR TYPED IN BLUE OR BLACK INK**

Date \_\_\_\_\_      \_\_\_ New      \_\_\_ Renewal      \_\_\_ Amendment  
   \_\_\_ Manager      \_\_\_ Employee

1. Applicant \_\_\_\_\_ 2. \_\_\_\_\_  
   Last Name      First Name      M.I.      Sex: M/F

3. A/K/A (Include stage names, aliases, maiden name) \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

**COLOR ONLY**

PROVIDE FOUR (4)  
PHOTOS THIS SIZE  
(2" X 3")  
PHOTOS MUST BE OF  
APPLICANT'S FACE  
(W/O CAP OR HAT)  
AND TAKEN WITHIN  
THE PAST THIRTY  
(30)  
DAYS.

**COLOR ONLY**

5. Height \_\_\_\_\_

6. Weight \_\_\_\_\_

7. Hair Color \_\_\_\_\_

8. Eye Color \_\_\_\_\_

9. Job Description \_\_\_\_\_

10. Employer's Name \_\_\_\_\_ 11. Employer's Phone ( ) \_\_\_\_\_

(If more than one employer, list answers to questions 10 through 13 on separate sheet and attach to application.)

12. Employer's Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

13. Employer's Mailing Address \_\_\_\_\_  
 (Street or P.O. Box) (City) (State) (Zip)

14. Have you ever, either in a personal, corporate, or partnership capacity, applied for any other personal or sexually oriented business or employee license/permit under this chapter or other similar sexually oriented business chapters from another city or county?  Yes  No

15. If yes, attach sheet listing names and locations of any such other licensed businesses and dates of operation. If the license/permit was denied, revoked or suspended, attach sheet stating name and location of business, date of denial, suspension or revocation and whether you had been a partner in a partnership or an office or director of the corporation.

16. List all convictions of specified criminal activity as defined in Section 98-2 of the Code.

<u>Date</u>	<u>Charge</u>	<u>Location (City and State)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Applicant certifies that he/she has received a copy of the Code governing the operation of Sexually Oriented Businesses and Employees.

SIGN \_\_\_\_\_  
 (Applicant)

ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNER TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO AND/OR THE FORFEITURE OF ANY APPLICATION FEES.

\_\_\_\_\_ being duly sworn says that the statements contained in  
 (Print Name)

the foregoing application are true. SIGN \_\_\_\_\_  
 (Applicant)

Sworn to before me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Commissioner of Deeds/Notary Public

**----- POLICE DEPARTMENT USE ONLY -----**

Records  MCVB  Alarm  Conditionally Approved  
 Approved  Denied  Adm. Canceled

\_\_\_\_\_  
 INVESTIGATOR DATE

\_\_\_\_\_  
 CHIEF OF POLICE DATE