

**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 \_\_\_\_\_ 5. Phone Number (\_\_\_\_) \_\_\_\_\_

6. E-mail Address \_\_\_\_\_

**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**

7. Height \_\_\_\_\_

8. Weight \_\_\_\_\_

9. Hair Color \_\_\_\_\_

10. Eye Color \_\_\_\_\_

11. Job Description \_\_\_\_\_

12. Employer's Name \_\_\_\_\_ 13. Employer's Phone (\_\_\_\_) \_\_\_\_\_

(If more than one employer, list answers to questions 12 through 15 on separate sheet and attach to application.)

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

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

16. 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

17. 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.

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

Date

Charge

Location (City and State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. 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  
\_\_\_\_ Approved

\_\_\_\_ MCVB  
\_\_\_\_ Denied

\_\_\_\_ Alarm  
\_\_\_\_ Adm. Canceled

\_\_\_\_ Conditionally Approved

\_\_\_\_\_  
INVESTIGATOR

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE