

**CITY OF LAWRENCE
DEPT. OF PUBLIC WORKS**

**APPLICATION FOR ADULT BOOKSTORE/SEXUALLY-THEMED BUSINESS
ANNUAL FEE: \$500.00**

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

TYPE OF BUSINESS: _____ ADULT BOOKSTORE _____ SEXUALLY-THEMED BUSINESS

NUMBER OF MECHANICAL/ELECTRICAL AMUSEMENT DEVICES (ATTACH LIST IF NEEDED): _____

DESCRIPTION OF MECHANICAL/ELECTRICAL AMUSEMENT DEVICE	SERIAL NUMBER FOR DEVICE

NAME OF OWNER OF REAL ESTATE AT WHICH BUSINESS IS LOCATED: _____

ADDRESS: _____ ZIP CODE: _____

WAS A SIMILAR BUSINESS PREVIOUSLY OPERATED AT THIS LOCATION? _____ YES _____ NO

IF YES, WHAT WAS THE NAME OF THE BUSINESS? _____

BY WHOM WAS IT OPERATED? _____

IF CORPORATION, PLEASE PROVIDE COPY OF CERTIFICATE OF EXISTENCE FROM THE INDIANA SECRETARY OF STATE.

APPLICANT INFORMATION:

LIST EACH APPLICANT, MANAGER, AND OFFICER OF THE CORPORATION (ATTACH LIST IF NEEDED):

NAME	DOB	SSN	CITIZENSHIP STATUS

APPLICANT ADDRESS: _____ ZIP CODE: _____

APPLICANT PHONE NUMBER: _____ BUSINESS PHONE NUMBER: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

STATE IN WHICH PARTNERSHIP OR CORPORATION IS ORGANIZED: _____

ADDRESS OF RESIDENT AGENT: _____ ZIP CODE: _____

PLEASE CONTINUE TO SECOND PAGE

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LIST PREVIOUS OR CURRENT OTHER ADULT ENTERTAINMENT BUSINESS(ES) BY APPLICANT:

NAME OF BUSINESS	TYPE OF BUSINESS	ADDRESS OF BUSINESS	WAS LICENSE EVER REVOKED?

HAS THE APPLICANT, PARTNER, OR OFFICER BEEN CONVICTED OF ANY PUBLIC OFFENSE CONCERNING AN ACT OF VIOLENCE, MORAL TURPITUDE, OR SEX OFFENSE; WHETHER ANY SUCH OFFENSE RESULTED IN CONVICTION OR A SECOND OR SUBSEQUENT OFFENSE? _____ YES _____ NO

IS THE APPLICANT THE MANAGER/OPERATOR OF THIS BUSINESS? _____ YES _____ NO

IF NO, COMPLETE THE FOLLOWING:

MANAGER/OPERATOR ADDRESS: _____ ZIP CODE: _____

MANAGER/OPERATOR PHONE NUMBER: _____ BUSINESS PHONE NUMBER: _____

MANAGER/OPERATOR BUSINESS ADDRESS: _____ ZIP CODE: _____

STATE OF _____)
) SS:
 COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared (applicant full name) _____, the (title/business) _____ acknowledged that the information in the foregoing application for license is true.

Witness my hand and Notarial Seal this _____ day of _____, 20_____

 _____, Notary Public

My Commission Expires:

County of Residence:

