



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV  
EMAIL: customerservice.dpr@state.de.us

## APPLICATION FOR ADULT ENTERTAINMENT ESTABLISHMENT LICENSE INSTRUCTION SHEET

### What is an Adult Entertainment Establishment?

An Adult Entertainment Establishment is any commercial establishment, business or service, or portion thereof, which offers sexually oriented material, devices, paraphernalia or specific sexual activities, services, performances or any combination thereof, or in any other form, whether printed, filmed, recorded or live. It includes, but is not limited to, these types of adult entertainment:

- Adult book stores
- Adult motion picture theatres
- Adult shows or adult peep shows
- Conversation parlors, relaxation studios, health salons or call services

The application asks you to select which of the above types of entertainment most closely describes your business. The law defines each type at [24 Del. C. §1602 \(2\)](#).

### Requirements for All Applications

The form and procedure are the same for a new license as for renewing an existing, active license except where noted in the instructions below.

- Submit completed, signed and notarized [Application for Adult Entertainment Establishment License](#).
- The person who is responsible for submitting the application and who must personally appear before the Commission depends on the type of business, as follows:

IF the establishment is a...	THEN the responsible person is...
Sole proprietorship	the sole proprietor.
Corporation	a director of the corporation.
Partnership or other unincorporated association	a general partner or member on behalf of the association.

- Applications that are unsigned, incomplete, not notarized or not accompanied by the required fee will be rejected.
- In addition to submitting the application, the responsible person must appear personally before the Commission. During that appearance, he or she will sign the *Affidavit of Applicant* to attest to the truthfulness of the information provided on the application ([24 Del. C. §1615](#)).

- Enclose [processing fee](#) by check or money order made payable to "State of Delaware"
- Enclose Letters of Clearance from the county to establish that the establishment complies with all applicable land use (zoning) requirements.
- If you are filing an application to **renew an active establishment license** where compliance with land use requirements was previously established, you may submit an affidavit (notarized statement) in lieu of Letters of Clearance. The affidavit must state that *nothing has changed with regard to the establishment's location and zoning*.

- Enclose copies of all state/city business licenses, including state Division of Revenue license.

- If the business is a corporation, submit a copy of the Certificate of Incorporation certified by the Secretary of State of the state of incorporation.
  - If the corporate owner is a foreign corporation, submit a copy of the certificate prescribed by [8 Del. C. §371 \(c\)](#),
  
- Submit *Certificate of Individual* forms completed and signed by the following persons. You may copy the form provided in this packet or download the [fillable version](#) available on the Commission's website.
  - Person responsible for submitting application and appearing personally before the Commission.
  - Manager who will be responsible for the day-to-day operations of the business.
  - Each** employee of the business. Employees must be at least 18 years of age.
  - Each** independent contractor
  - Each** person who is responsible for procuring sexually-oriented material
  - If the business is a corporation, **each** director, officer and principal stockholder of the corporation.
  - If the business is a partnership or unincorporated association, **each** partner of the partnership or member of the unincorporated association
  - All *Certificate of Individual* forms must be signed before a notary.
  - All *Certificate of Individual* forms must be accompanied by a clear color photo, 2" x 2", taken within 30 days of submitting the application and affixed where shown on the form. Photos must reveal front view, full face, head and shoulders. The face must not be concealed by a hat, hood, dark glasses or other apparel.
  - All *Certificate of Individual* forms must be accompanied by a copy of the person's Social Security Number card and driver's license.
  - If any person listed above does not have a U.S. SSN, he or she must also complete and submit a [Request for Exemption from Social Security Number Requirement](#).
  
- Arrange for the Commission office to receive criminal history records on **each** person who is required to file a *Certificate of Individual* form (listed above).
  - *Each person* must complete the *Criminal History Record Check Authorization* form to request state and federal criminal background checks.
  - Follow the instructions on the *Criminal History Record Check Authorization* form to be fingerprinted. Submit the forms to the State Bureau of Identification. **Do not send these forms to the Commission office!**
  - **Allow at least four weeks for the State Bureau of Identification to send the criminal history records to the Commission office.**

## Reporting Changes

You are required to notify the Commission office *in writing* within ten days of any change in the persons listed above. For example, a report is required if the manager responsible for day-to-day operations leaves the business or if an employee quits.

If the change involves a person who has not previously submitted a *Certificate of Individual* form, submit a *Certificate of Individual* form completed and signed by the person. For example, a *Certificate of Individual* form must be submitted if a new employee is hired or a new corporate director is named.



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## APPLICATION FOR ADULT ENTERTAINMENT ESTABLISHMENT LICENSE

### TYPE OF APPLICATION

1. Select the description that applies to you (check one):

I am applying for an **original** license. Select which of the following most closely describes the type of adult entertainment. Refer to [24 Del. C. §1602 \(2\)](#) for the definition of each type.

Book Store       Motion Picture Theatre       Show (includes Peep Show)

Other (includes conversation parlor, relaxation studio, health salon or call service) – Describe:

\_\_\_\_\_

I am applying to **renew** license number **AE** - \_\_\_\_\_ that expires on \_\_\_\_\_.

Date

2. Select the type of ownership (check one):

Sole Proprietorship.     Corporation     Partnership     Unincorporated Association

### ESTABLISHMENT INFORMATION

3. Name of Entertainment Establishment: \_\_\_\_\_

4. Establishment **Mailing** Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

5. Establishment **Location** Address: \_\_\_\_\_

Street Address - No PO Box!

\_\_\_\_\_ DE \_\_\_\_\_  
City State Zip

6. Federal Employer Identification Number (EIN): \_\_\_\_\_

7. Is this establishment in the same building as another adult entertainment establishment or in a separate building that is less than 1500 feet from another adult entertainment establishment? Yes  No

8. Is this establishment located within 500 feet of any residence or school bus stop, regardless of zoning? Yes  No

9. Is this establishment located within 2800 feet of any church or school? Yes  No

**Enclose Letters of Clearance from the county stating that the establishment complies with all applicable land use (zoning) requirements. If this is a renewal and the establishment's location and zoning have not changed, you may enclose an affidavit, in lieu of Letters of Clearance, stating that nothing has changed.**

10. Does this business have all required state/city business licenses? Yes  No

**Enclose copies of all state/city business licenses, including state Division of Revenue license.**

**INFORMATION ABOUT OWNERSHIP**

11. Enter this information about the person who is responsible for submitting this application and who will **appear personally** before the Commission. (If “sole proprietorship” is checked in Question 2, this person must be the proprietor. If “corporation” is checked, this person must be a director of the corporation. If “partnership or other unincorporated association” is checked, this person must be a general partner or member of the association.)

Full Name: \_\_\_\_\_  
Last First Middle

Select Position (check one):

- Sole Proprietor – skip to **INFORMATION ABOUT MANAGEMENT** section.
- Corporate Director – continue with Question 12.
- Partner – skip to Question 14.
- Member of Unincorporated Association (specify): \_\_\_\_\_ . Skip to Question 14.

**Submit a signed, completed and notarized *Certificate of Individual* from this person. In addition, arrange for the Commission office to receive a criminal history record on the person above.**

12. Complete the following information about the corporation’s directors, officers and principal stockholders. You may omit the director already named in Question 11. If you need more room, attach a separate sheet.

FULL NAMES OF DIRECTORS	FULL NAME AND POSITION OF OFFICERS	PRINCIPAL STOCKHOLDERS

**Submit a signed, completed and notarized *Certificate of Director, Officer or Principal Stockholder* from each person listed above. In addition, arrange for the Commission office to receive a criminal history record on each person listed above.**

13. Complete the following information about the corporation’s stockholders. You may omit the principal stockholders already listed in Question 12. If you need more room, attach a separate sheet. When complete, skip to **INFORMATION ABOUT MANAGEMENT** section.

FULL NAME	ADDRESS (as of 30 days or fewer of this application)

14. If the business is a partnership, list the partners here. If the business is an unincorporated association, list the members of the corporation. You may omit the partner/member already listed in Question 11. If you need more room, attach a separate sheet.

FULL NAME OF PARTNER/MEMBER

**Submit a signed, completed and notarized *Certificate of Individual* from each person listed above. In addition, arrange for the Commission office to receive a criminal history record on each person listed above.**

**INFORMATION ABOUT MANAGEMENT**

15. Enter this name of the person who will be responsible for the day-to-day management of this establishment:

Full Name: \_\_\_\_\_  
Last
First
Middle

**Submit a signed, completed and notarized *Certificate of Individual* from the manager. In addition, arrange for the Commission office to receive a criminal history record on the manager.**

**INFORMATION ABOUT EMPLOYEES & OTHERS WORKING IN THE BUSINESS**

16. List each employee of the business below. If you need more room, attach a separate sheet.

EMPLOYEE FULL NAME	JOB

**Submit a signed, completed and notarized *Certificate of Individual* from each employee listed. In addition, arrange for the Commission office to receive a criminal history record on each employee listed above.**

17. Does this business have any independent contractors? Yes  No  If yes, list each independent contractor of the business below. If you need more room, attach a separate sheet.

INDEPENDENT CONTRACTOR FULL NAME

**Submit a signed, completed and notarized *Certificate of Individual* from each person listed. In addition, arrange for the Commission office to receive a criminal history record on each person listed above.**

18. List each person responsible for procuring sexually-oriented material for the business. If you need more room, attach a separate sheet.

PROCURER FULL NAME

Submit a signed, completed and notarized *Certificate of Individual* from each person listed. In addition, arrange for the Commission office to receive a criminal history record on *each* person listed above.

To assure consideration of your license application at the next Commission meeting, the Commission office must receive all of these items no later than 4:30 PM ten full working days before the Commission's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

### AFFIDAVIT

The applicant, being duly sworn, does depose and say that this application to operate an adult entertainment establishment is his/her act and deed and that the facts stated herein are true. The applicant agrees to notify the Commission in writing, by filing the appropriate *Certificate*, within ten days of any change in the ownership, management or employees of this establishment.

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

(If the establishment is a sole proprietorship, the person who signs this form must be the proprietor. If the establishment is a corporation, the person who signs this form must be a director of the corporation. If the establishment is a partnership or an unincorporated association, the person who signs this form must be a partner or member.)

State of \_\_\_\_\_, County of \_\_\_\_\_

In said county on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,  
\_\_\_\_\_ personally appeared before me, has been duly sworn, deposes,  
and says that he or she has read carefully and truthfully answered the above questions.

Notary Public Signature: \_\_\_\_\_

SEAL

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

**APPLICATIONS THAT ARE INCOMPLETE, UNSIGNED, NOT NOTARIZED OR NOT ACCOMPANIED BY THE  
REQUIRED FEE WILL BE REJECTED.**



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**APPLICATION AFFIDAVIT  
BEFORE THE COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS**

The person who submits the application and who will appear personally before the Commission must sign this affidavit **at the Commission meeting. DO NOT SIGN THIS FORM UNTIL YOU ARE AT THE MEETING**, in the presence of the Commissioners, as required by law.

1. Name of Establishment: \_\_\_\_\_

2. Type of Adult Establishment Application Submitted:

- Retail
- Entertainment:  Book Store  Motion Picture Theatre  Show (includes Peep Show)  Other

3. Name of Applicant Appearing Before Commission: \_\_\_\_\_

4. Select Position (check one):

- Sole Proprietor  Corporate Director  Partner
- Member of Unincorporated Association (specify): \_\_\_\_\_

The applicant, being duly sworn, does depose and say that this application to operate an adult entertainment establishment is his/her act and deed and that the facts stated herein are true.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_.

**Commissioner Signature:** \_\_\_\_\_



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### CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH ADULT ESTABLISHMENT

This form is to be completed by individuals associated with an adult establishment for which a licensure application has been filed with the Commission on Adult Entertainment Establishments. Individuals who are required to complete this form include those associated with the establishment in the manner listed in Question 4 below.

1. Name of Establishment: \_\_\_\_\_

2. Establishment **Location** Address: \_\_\_\_\_

**Street Address - No PO Box!**

\_\_\_\_\_ DE \_\_\_\_\_  
City State Zip

3. Type of Adult Establishment:

- Retail
- Entertainment (check one of the following):
  - Book Store
  - Motion Picture Theatre
  - Show (includes Peep Show)
  - Other

4. Select your association with the establishment named (check all that apply):

- Sole Proprietor
- Corporate Director
- Manager
- Individual Responsible for Procuring Sexually Oriented Material (does not apply to Retail Establishments)
- Independent Contractor (does not apply to Retail Establishments)
- Partner/Owner
- Corporate Officer
- Employee
- Member of Unincorporated Association/Owner
- Principal Stockholder

5. Full Name: \_\_\_\_\_  
Last First Middle

6. Other Names Used: \_\_\_\_\_  
Include names such as aliases, maiden name, former married names, alternate spellings or punctuation

7. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female

8. Have you been issued a U.S. Social Security Number? Yes  No

- If yes, enter SSN: \_\_\_\_\_ **Attach copy of SSN card.**
- If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

*The Privacy Act of 1974, Section 7, requires the following information to be given to you: You are required to provide a U.S. SSN by 24 Del. C. §1613. The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.*

AFFIX RECENT 2" X 2"  
COLOR PHOTO

9. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ **Attach copy of license.**

10. **Residence** Address: \_\_\_\_\_

Street Address - No PO Box!

\_\_\_\_\_ City State Zip

11. Place of Employment: \_\_\_\_\_

12. **Employment** Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

13. Employer Phone: \_\_\_\_\_

14. If you are an independent contractor, what is your job at the establishment named above? \_\_\_\_\_

\_\_\_\_\_ Delaware Division of Revenue License Number: \_\_\_\_\_

15. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No

**Arrange for the Commission office to receive a certified copy of your criminal history record.**

16. Have you been the subject of any administrative penalties regarding your involvement with adult entertainment or retail establishments, such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender? Yes  No  **If yes, submit a letter giving a full explanation. Include copies of all appropriate records.**

17. Are any unresolved complaints pending against you in any jurisdiction? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

**AFFIDAVIT**

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the adult entertainment establishment named above, in the capacity indicated, and certify that the facts stated herein are true.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

In said county on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_,  
\_\_\_\_\_ personally appeared before me, has been duly sworn, deposes,  
and says that he or she has read carefully and truthfully answered the above questions.

Notary Public Signature: \_\_\_\_\_

SEAL

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

# Instructions for Requesting a Criminal Background Check

*Both state and federal criminal background checks are required.*

## Locations

### Kent County – Primary Facility

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 9 am – 7 pm, Tue - Fri 9 am – 3 pm  
Customer Service: (302) 739-2134

### New Castle County - Satellite Facility

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(Between Rts. 72 and 896 on Rt. 40)  
**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### Sussex County – Satellite Facility

Delaware State Police Troop Four  
South DuPont Hwy & Shortley Rd.  
Georgetown DE 19947  
(Across from DelDOT & the State Service Ctr.)  
**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants Residing in Delaware

1. If you are using the New Castle or Sussex Counties locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69.00, to cover both the State and Federal criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. *Personal checks are not accepted in any county.* As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Out-of-State Applicants

1. You can be fingerprinted by your local police agency. All types of fingerprint cards are accepted. If your local police agency cannot provide a fingerprint card, call **(302) 739-2134** to request a fingerprint card.
2. Your *Authorization for Release of Information* form and fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, sex, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and certified check or money order (*personal checks are not accepted*) for \$69.00 made payable to “Delaware State Police” to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**

**DO NOT SEND THE FORM OR FEE TO THE BOARD OFFICE**



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## CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

### AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT OR TYPE ALL INFORMATION IN BLACK INK.

#### CHECK TYPE OF LICENSURE FOR WHICH APPLYING:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Acupuncture Practitioners, Genetic Counselors) | <input type="checkbox"/> Pharmacy                 |
| <input type="checkbox"/> Deadly Weapons Dealer | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)  | <input type="checkbox"/> Psychology               |
| <input type="checkbox"/> Dental                | <input type="checkbox"/> Nursing (RN, LPN, APN)  | <input type="checkbox"/> Social Work              |
|  | <input type="checkbox"/> Nursing Home Administrator  | <input type="checkbox"/> Texas Hold'em Individual |

#### ENTER FULL CURRENT NAME:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

#### ENTER ALL OTHER NAMES USED IN THE PAST (including, but not limited to, maiden name, former married names, alternative spellings):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

#### MAIL THE RESULTS OF MY CRIMINAL HISTORY REQUEST TO:

**Division of Professional Regulation**  
861 Silver Lake Boulevard, Suite 203  
Dover DE 19904  
SLC D420A

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**