



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

### 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: \_\_\_\_\_