

STATE OF DELAWARE

COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

APPLICATION FOR ADULT ENTERTAINMENT ESTABLISHMENT LICENSE

NAME OF APPLICANT: _____

NICKNAMES OR ALIASES _____

SOCIAL SECURITY NUMBER _____ (ATTACH COPY)

DATE OF BIRTH _____

DRIVERS LICENSE NUMBER _____ (ATTACH COPY)

RESIDENTIAL ADDRESS _____

PLACE OF EMPLOYMENT _____

ADDRESS _____

CITY/STATE/ZIP _____

EMPLOYER PHONE NUMBER _____

FEDERAL EMPLOYERS IDENTIFICATION NUMBER _____

ADDRESS OF PREMISES FOR WHICH LICENSE IS SOUGHT:

PERSON(S) RESPONSIBLE FOR DAILY MANAGEMENT:

1. _____ 2. _____

3. _____

PERSON RESPONSIBLE FOR PROCURING SEXUALLY ORIENTED MATERIAL:

1. _____ 2. _____

3. _____

**ATTACH
CURRENT
2" X 2"
COLOR PHOTO
OF APPLICANT**