

COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

APPLICATION FOR ADULT ENTERTAINMENT ESTABLISHMENT LICENSE

Name of Applicant: _____

Address of Applicant: _____

City/State/Zip: _____

Phone Number: _____

Federal Employer's Identification Number: _____

Address of Premises for Which License is Sought:

Street City/State/Zip

Persons Responsible for Daily Management

Persons Responsible for Procuring Sexually Oriented Material:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

DIRECTORS, OFFICERS, AND PRINCIPAL STOCKHOLDERS

Directors

Officers: Position

Principal Stockholders

1. _____

1. _____

1. _____

2. _____

2. _____

2. _____

3. _____

3. _____

3. _____

4. _____

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8. _____