

STATE OF DELAWARE

COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

Form 314

CERTIFICATE OF DIRECTOR, OFFICER OR PRINCIPAL STOCKHOLDER

Name: _____

Nicknames or Aliases: _____

Position With Applicant: _____

Social Security No.: _____ (ATTACH SEPARATE COPY)

Date of Birth: _____

Driver's License No.: _____ (ATTACH SEPARATE COPY)

Residential Address: _____

City/State/Zip: _____

Place of Employment: _____

Address: _____

City/State/Zip: _____

Employer Phone No.: _____

ATTACH CURRENT
2"X 2"
COLOR PHOTO

I, _____, do hereby certify that I am a
_____ of _____,
a business incorporated in the State of _____, I execute this document with
the understanding that it will be filed as part of an Application for a license to operate an _____
_____, in the State of Delaware, and I further certify that the above
information is true and correct as of this date, the _____ day of _____,
20____.

Signature of Director, Officer or Principal Stockholder

Date

Notary Public
My commission will expire on _____

FORM 314 EFFECTIVE 2/78

REVISED: 7/80, 8/01