

STATE OF DELAWARE

COMMISSION ON ADULT ENTERTAINMENT ESTABLISHMENTS

Form 323

CERTIFICATE OF PARTNER OR MEMBER

Name of Partner/Member: _____

Position With Applicant: _____

Nicknames or Aliases: _____

Social Security No.: _____ (ATTACH SEPARATE COPY)

Date of Birth: _____

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

Residential Address: _____

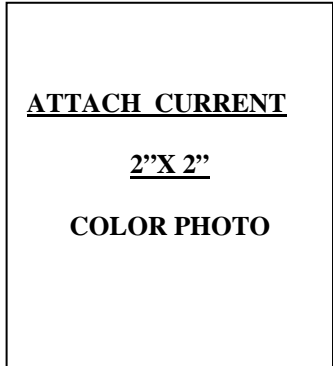
City/State/Zip: _____

Place of Employment: _____

Address: _____

City/State/Zip: _____

Employer Phone No.: _____



ACKNOWLEDGEMENT

I, _____, do hereby certify that I am a partner/member of _____, a partnership or unincorporated association doing business in the State of _____, I execute this document with the understanding that it will be filed as part of an Application for 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 Partner/Member

Notary Public
My commission will expire on _____

FORM 323 EFFECTIVE 2/78

REVISED: 7/80, 8/01