

# ADULT ENTERTAINMENT LICENSE APPLICATION

City of New Port Richey, Florida ● Community Development Department  
5919 Main Street ● New Port Richey, FL 34652 ● 727-853-1047 ● [www.cityofnewportrichey.org](http://www.cityofnewportrichey.org)

*Please complete ALL sections of this application.  
Incomplete applications will be returned to the Applicant or Representative.*

Date Received
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**Required Attachments:**

- Copy of current driver's license or picture state ID of all individual(s) listed in sections 6, 7, and 8
- Payment for all applicable fees
- A sealed site plan and survey (applicable only on new uses or when a change in building configuration occurs)
- Certified copy of registration with the Division of Corporations of the Department of State

1. Name of Establishment				
2. Establishment Address	City	County	State	Zip
3. Tax Parcel No.				
4. Primary Contact Info: <i>{Name/Address/Phone/Email}</i>				
_____				
_____				
_____				
_____				
5. Classifications <i>{Check all that apply as defined in the City of New Port Richey Code of Ordinances}</i>				
<input type="checkbox"/> Adult Arcade		<input type="checkbox"/> Physical Culture Establishment		
<input type="checkbox"/> Adult Bookstore		<input type="checkbox"/> Adult Modeling Studio		
<input type="checkbox"/> Adult Booth		<input type="checkbox"/> Adult Tanning Studio		<input type="checkbox"/> Combination of any of these
<input type="checkbox"/> Adult Theatre		<input type="checkbox"/> Adult Lingerie Studio		
<input type="checkbox"/> Adult Photographic Studio		<input type="checkbox"/> Special Cabaret		

6. IF APPLICANT IS AN <b>INDIVIDUAL</b> COMPLETE THE FOLLOWING:				
Full Legal Name			Phone	
Street Address	City	State	Zip	
Date of Birth <i>{MM/DD/YYYY}</i>		Social Security No.		
All Aliases				

7. IF APPLICANT IS A <b>PARTNERSHIP</b> COMPLETE THE FOLLOWING:				
Full Legal Name of Partnership				
Mailing Address	City	State	Zip	
Primary Contact Info: <i>{Name/Phone/Email}</i>				

Please list the full legal name, date of birth, driver's license number in issuing state (or state/federal identification card number), social security number, and position or title of every partner who has direct, managerial, supervisory, or advisory responsibilities for day-to-day operations of the adult use establishment (use extra sheets if necessary):

Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>		Social Security No.	
Drivers License No.		Title	
All Aliases			
Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>		Social Security No.	
Drivers License No.		Title	
All Aliases			
Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>		Social Security No.	
Drivers License No.		Title	
All Aliases			
Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>		Social Security No.	
Drivers License No.		Title	
All Aliases			
Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>		Social Security No.	
Drivers License No.		Title	
All Aliases			

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8. IF APPLICANT IS A <b>CORPORATION</b> COMPLETE THE FOLLOWING:		
Full Legal Name of Corporation		
Date of Incorporation	State Where Incorporated	Status of Corporation
State Corporate Document Number		
Registered Corporate Agent <i>{Name/Address/Phone}</i>		
Primary Contact Info: <i>{Name/Phone/Email}</i>		

Please list the full legal name, date of birth, driver's license number in issuing state (or state/federal identification card number), social security number, and position or title of every partner who has direct, managerial, supervisory, or advisory responsibilities for day-to-day operations of the adult use establishment (use extra sheets if necessary):

Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>	Social Security No.		
Drivers License No.	Title		
All Aliases			

Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>	Social Security No.		
Drivers License No.	Title		
All Aliases			

Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>	Social Security No.		
Drivers License No.	Title		
All Aliases			

Full Legal Name		Phone	
Street Address	City	State	Zip
Date of Birth <i>{MM/DD/YYYY}</i>	Social Security No.		
Drivers License No.	Title		
All Aliases			

9. Do any of the persons listed in section 6, 7, or 8 hold any other licenses under the City of New Port Richey code or do they have any other applications for such licenses pending as of the date of this application?

YES  NO

*If YES, list the person's name, legal street address and phone number of the establishment(s). Use extra Sheets if necessary.*

Full Legal Name		Phone	
Street Address	City	State	Zip
Full Legal Name		Phone	
Street Address	City	State	Zip

10. Have you or any of the persons listed in section 6, 7, or 8 been convicted of, pleaded guilty or nolo contendere to, or had adjudication withheld from a specified criminal act as defined in the City of New Port Richey codes within the five-year period immediately preceding the date of this application?

YES  NO

*If YES, list the person's name, the specified criminal act(s) involved, the date(s) of conviction, plea or withhold, and the place(s) of conviction, plea or withhold. Use extra Sheets if necessary.*

Full Legal Name
Criminal Act(s) Involved
Date(s) of Conviction, Plea, or Withhold
Place(s) of Conviction, Plea, or Withhold
Full Legal Name
Criminal Act(s) Involved
Date(s) of Conviction, Plea, or Withhold
Place(s) of Conviction, Plea, or Withhold

11. Do you or any of the persons listed in section 6, 7, or 8 have pending charges involving a specified criminal act or any violation(s) as defined in the City of New Port Richey codes?

YES  NO

*If YES, list the person's name and date of arrest:*

Full Legal Name
Date of Arrest
Full Legal Name
Date of Arrest
Full Legal Name
Date of Arrest

12. Have you or any of the persons listed in section 6, 7, or 8, individually or as a partner, officer, director, or principal stockholder, had a previous license or permit under the City of New Port Richey codes, or any ordinance regulating adult uses, denied, suspended or revoked; been required by court order to cease operations?

YES

NO

*If YES, list the individual(s) involved, the name and location of the adult use establishment(s) for which the license or permit was denied, suspended, or revoked and the date of denial, suspension, or revocation. Use extra Sheets if necessary.*

Full Legal Name

Name of Establishment

Address of Establishment

Date of Denial, Suspension, or Revocation

Full Legal Name

Name of Establishment

Address of Establishment

Date of Denial, Suspension, or Revocation

13. Please list the full legal name, date of birth, driver's license number in issuing state (or state/federal identification card number), and social security number of all employees (if this is a new establishment and employees are unknown, so state):

Full Legal Name

Date of Birth {MM/DD/YYYY}

Social Security No.

Driver's License No.

Full Legal Name

Date of Birth {MM/DD/YYYY}

Social Security No.

Driver's License No.

Full Legal Name

Date of Birth {MM/DD/YYYY}

Social Security No.

Driver's License No.

Full Legal Name

Date of Birth {MM/DD/YYYY}

Social Security No.

Driver's License No.

APPLICANT'S AFFIDAVIT

*I hereby certify that all of the data and information presented as part of this application is true and correct; and that the information presented is independently verifiable and complete; and that the photocopies of the attached social security cards, driver's licenses, or state or federally issued identification cards are true and correct copies of the originals; and that I have withheld no information that would affect the review or granting of this license; and that I have withheld no information that would affect the review or granting of this license; and that as the applicant and licensee I will own, possess, operate and exercise control over the proposed or existing use. It is hereby acknowledged that the filing of this application does not constitute an approval of the request.*

*Applications which are filed by corporations must bear the seal of the corporation over the signature of an officer authorized to act on behalf of the corporation.*

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\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

Sworn to and subscribed before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known OR  Produced Identification

Type of Identification Produced: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

(NOTARY STAMP)