



ADULT ENTERTAINMENT LICENSE APPLICATION

City of New Port Richey
Development Department
City Hall, 5919 Main Street, 1st Floor
New Port Richey, FL 34652
Phone: (727) 853-1047
Fax: (727) 853-1052

Date:

Submit fee \$350 (check made payable to the City of New Port Richey)

I. Establishment Information:

A. Name of Establishment: _____

B. Street Address of Establishment: _____

C. Parcel Number: _____

D. Business Telephone Number of Establishment: _____

E. Name, Street Address and telephone number of individual to receive all notices pursuant to the city of New Port Richey codes:

F. Classifications (Check all which are applicable as defined in the City of New Port Richey codes):

- | | |
|---|--|
| <input type="checkbox"/> Adult Arcade | <input type="checkbox"/> Adult Modeling Studio |
| <input type="checkbox"/> Adult Bookstore | <input type="checkbox"/> Adult Tanning Studio |
| <input type="checkbox"/> Adult Booth | <input type="checkbox"/> Adult Lingerie Studio |
| <input type="checkbox"/> Adult Theater | <input type="checkbox"/> Special Cabaret |
| <input type="checkbox"/> Adult Photographic Studio | <input type="checkbox"/> Combination of any of these |
| <input type="checkbox"/> Physical Culture Establishment | |

II. Applicant Information

A. IF APPLICANT IS AN INDIVIDUAL COMPLETE THE FOLLOWING:

- 1) Full Legal Name: _____
- 2) All Aliases: _____
- 3) Driver's License number and issuing state (or state/federal identification card number):

- 4) Legal street address: _____

- 5) Telephone Number: _____
- 6) Date of Birth: _____
- 7) Social Security Number: _____

B. IF APPLICANT IS A PARTNERSHIP, COMPLETE THE FOLLOWING:

- 1) Full Legal Name of Partnership: _____

- 2) Is partnership (check one): general _____, or limited _____?
- 3) 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):

- 4) Contact person and telephone number: _____

C. IF APPLICANT IS A CORPORATION, COMPLETE THE FOLLOWING:

- 1) Full legal name of corporation: _____
- 2) Date of incorporation: _____
- 3) State where incorporated: _____
- 4) State corporate document number: _____
- 5) Status of corporation: _____
- 6) 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):

- 7) Contact person and telephone number: _____

- 8) If applicable, list the name of the registered corporate agent and the address and telephone number of the agent's office:

D. Do any of the persons listed in IIA, IIB or IIC 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 telephone number of the establishment(s). Use extra sheets if necessary.

E. Have you or any other person listed in IIA, IIB or IIC 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 acts(s) involved, the date(s) of conviction, plea or withhold, and the place(s) of conviction, plea or withhold. Use extra sheets if necessary.

F. Do you or any person listed in IIA, IIB or IIC 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:

G. Have you or any of the individuals listed in IIA, IIB or IIC, 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.

III. Employee Information:

A. List the full legal name, date of birth, driver license number and 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):

IV. Required Attachments:

- _____ Copy of current driver's license or picture state ID of all individual(s) listed in IIA, IIB, IIC or IIIA
- _____ All applicable fees
- _____ A sealed site plan and survey (applicable only on new uses or when a change in building configuration occurs)
- _____ Any configuration changes in the location during the past application year.
- _____ Certified copy of registration with the Division of Corporations of the Department of State

V. Certification:

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.

STATE OF _____
COUNTY OF _____

Applicant:

Applicant's Name (printed)

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____ 20_____,
who is personally known to me and/or produced a Florida driver's license or other form of identification.

Notary Public: _____

My Commission Expires _____

Notary Seal: _____

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.