

Receipt No. _____

Expiration Date: _____

APPLICATION FOR SEXUALLY ORIENTED BUSINESS LICENSE

City of Victoria Code, Chapter 14, Article IX

Name of Business: _____

Type of Business operated on the premises: _____

Ownership is: Individual: _____ Partnership: _____ Corporation: _____ Other: _____

Address: _____

All Telephone Numbers used in connection with this Business: _____

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If ownership is a corporation, then supply the following information for all stockholders holding more than 10% of the stock, and for each officer and each director of the corporation. If ownership is a partnership, then supply the following information for all partners. If the ownership is by an individual, then supply the following information for the manager or other person in charge of the business. *(Use a separate form for each person.)*

Name: _____ Residence Telephone: _____

Position: (Owner, stockholder, manager, etc.) _____

Residence Address: _____

Last two residence addresses before present address:

1. _____

2. _____

Date of Birth: _____ Driver's License Number: _____ State: _____

Height: _____ Weight: _____ Sex: _____ Hair color: _____ Eye color: _____

Business History and experience in connection with sexually oriented businesses: _____

Have you previously, or are you currently participating in the ownership or operation of a sexually oriented business in this or another city or state: Yes: _____ No: _____

Is a license or permit required for the business? Yes: _____ No: _____

Has a permit ever been denied, revoked or suspended? Yes _____ No: _____

If yes, why? _____

List all crimes for which you have been convicted for any **felony**, or for any **misdemeanor** involving **prostitution, obscenity** or **controlled substances**:

Offense	Jurisdiction	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Statements by Applicant

I swear, under oath, that the information contained in this application is true and correct. I hereby authorize the City, its agents and employees to conduct an investigation into the truth of the statements and qualifications I have set forth in this application.

Signature of Applicant

Sworn and subscribed to before me, the undersigned authority, on this the ____ day of _____, 20____.

Notary Public in and for the State of Texas

To be Completed by Police Chief

_____ Approved

_____ Denied

Reason for Denial:

_____ Premises do not comply with all applicable laws.

_____ Applicant, stockholder or partner has been convicted of a disqualifying offense within the last five (5) years.

_____ Any employee of the business has been convicted of a disqualifying offense in connection with the business within the last five (5) years.

_____ The applicant knowingly made a false, misleading or fraudulent statement during the application process or on any document required to be filed.

_____ The applicant has had a sexually oriented business license or permit denied or revoked by this or any other city or state agency within the last three (3) years.

_____ The location is within 1,000 feet of a church, school, residence, residential lot, public park or other sexually oriented business.

Date: _____

Chief of Police, City of Victoria, Texas

List of items required with submission of application:

_____ 1. Fee, as prescribed by separate ordinance.

_____ 2. Valid Driver's license or identification card.

*Reminder: Criminal history background check through IdentoGo must be complete.