



SEXUALLY ORIENTED BUSINESS APPLICATION – 2012

ACTIVITY NUMBER	STATE SALES TAX NUMBER	STATE LICENSE NUMBER
UTAH DBA FILE NUMBER	FEDERAL I.D. NUMBER	SOCIAL SECURITY NUMBER

Full and correct legal name of Business Applicant: _____

All names Business Applicant is doing business as: _____

Street address of Business:

Street City State Zip

Mailing address of Business:

Street City State Zip

Is anticipated Business address a private residence? Yes/No _____

All Business telephone numbers: _____

Street addresses where telephone calls will be forwarded:

Street City State Zip

Street City State Zip

Street City State Zip

All business websites including websites operated by Employees for Business Applicant: _____

Ownership type (Check one):

Corporation: ___ Partnership: ___ Proprietorship (Individual): ___ Limited Partnership: ___

Type of Business (Check one):

Escort Service: _____ Adult Theater: _____
Adult Bookstore: _____ Adult Motion Picture Theater: _____
Adult Video Store: _____ Semi-Nude Entertainment Business: _____

Person signing this application on behalf of applicant business:

Full and correct legal name: _____

List any other name(s) or alias(es) you have used, such as; maiden name, previous married names, nicknames, or stage names: _____

Residence address: _____
Street City State Zip

Telephone numbers: _____
Home Work Cellular

Utah ID# or DL#: _____ Social Security Number _____

Position within applicant business: _____

Is signer the local Park City manager or supervisor? _____

(Proof that applicant is 21 years of age is required as part of this application – Attach copy of government ID card showing date of birth)

(2 color photos of the applicant are required as part of this application)

If person signing this application will not be the manager at the business location listed herein, identify such manager(s):

Full and correct legal name: _____

Residence address: _____
Street City State Zip

Telephone numbers: _____
Home Work Cellular

Full and correct legal name: _____

Residence address: _____
Street City State Zip

Telephone numbers: _____
Home Work Cellular

Agent for Service of Process: _____

Street City State Zip

Identify all persons authorized to sign checks for the Business Applicant:

Name: _____

Name: _____

If applicant is a corporation, supply the following *(Attach separate sheet if necessary)*:

(A copy of the incorporation certificate is required as part of this application):

All present Officers of Business Applicant:

Full legal name Residence address (Street, City, State, Zip) Officer's title

Full legal name Residence address (Street, City, State, Zip) Officer's title

All present Directors of Business Applicant:

Full legal name Residence address (Street, City, State, Zip) Director's title

Full legal name Residence address (Street, City, State, Zip) Director's title

Full legal name Residence address (Street, City, State, Zip) Director's title

List all Share Holders of more than 10% of the Business Applicant:

Full legal name	Residence address (Street, City, State, Zip)	Social Security number
Full legal name	Residence address (Street, City, State, Zip)	Social Security number
Full legal name	Residence address (Street, City, State, Zip)	Social Security number

If Business Applicant is a partnership or limited partnership, supply the following:
(A copy of partnership agreement with all amendments is required as part of this application):

All present Partners of Business Applicant:

Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Partner's title
Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Partner's title
Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Partner's title

Identify all shareholders, holding companies and other entities holding more than 10% interest in any kind of Business Applicant:

Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Social Security Number
Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Social Security Number
Full legal name	Residence address (Street, City, State, Zip)	Social Security number	Social Security Number

All licenses and permits issued for a five year period immediately preceding the date of this application:

License type, Number, Issuing authority	Address	City	State	Zip
License type, Number, Issuing authority	Address	City	State	Zip
License type, Number, Issuing authority	Address	City	State	Zip

Has applicant or Business Applicant ever had a license or permit revoked, denied or suspended within the last five (5) years in this or any other jurisdiction? _____

In the event of any such revocation, denial or suspension, state the date, name of issuing or denying jurisdiction and state in full the reason for the denial, revocation or suspension. *(A copy of any order of denial, revocation or suspension must be attached to application.)*

License type, Number, Issuing authority	Date	Name of jurisdiction
Reason for action		

Does applicant or Business Applicant possess or previously possessed a liquor license? _____ If so, where:

License type, Number, Issuing authority	Date	Name of jurisdiction
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(a) In the last five years, has applicant been convicted of any criminal charge that has not been expunged? Yes/No _____ (This disclosure shall include identification of all ordinance violations, except minor traffic offenses). (b) In the last five years, has applicant entered a nolo contendere (no contest) plea to any crime that has

not been expunged? Yes/No _____ (This disclosure shall include identification of all ordinance violations, except minor traffic offenses). (c) Has applicant entered a plea that is currently being held in abeyance? Yes/No _____ (This disclosure shall include identification of all ordinance violations, except minor traffic offenses).

If the answer is yes to question (a), (b) or (c) above, please list below: the date, place, nature of each conviction or plea of nolo contendere (no contest), plea and sentence or other disposition; identifying the convicting jurisdiction, sentencing court, and provide the case or docket number(s): _____

Will any portion of this business be devoted to the sale of adult items? _____

How much of the retail floor or shelf space will be devoted to adult books, paraphernalia and videos? _____
What percentage of total square footage of business? _____

Is applicant the owner of record of the real property upon which applicant business is or is to be located? _
_____ *If "No," provide the following information regarding the legal or equitable owner of the possessory interest in the subject real property.*

Name	Address	Phone number

(A notarized statement from the legal owner acknowledging the type of business for which applicant seeks a license for the property and a copy of the current lease or rental agreement pertaining to the premises in which the business is or will be located is required as part of the application.)

Submit a diagram, drawn to scale of the business premises associated with the license.

Provide a complete description of the services to be provided by applicant business, with sufficient detail to allow reviewing authorities to determine what business will be transacted:

Attach schedule of usual fees for services to be charged by licensee as part of this application.

Hours that business or service will be open to the public: _____

Number of Employees: _____ *(Include a list of all Employee names, dates of birth, and job titles.)*

Any and all rules, regulations or employment guidelines by which applicant business intends to operate:

Methods to be employed by applicant business to promote the health and safety of employees and patrons: _____

Methods to be employed by applicant business to prevent employees and patrons from engaging in illegal activities: _____

Methods of supervision to be employed by applicant business to prevent employees from engaging in acts of prostitution or other illegal activities: _____

Methods employed to supervise employees and patrons to prevent them from charging or receiving fees for services or acts prohibited by the Sexually Oriented Business ordinance or other statutes or ordinances: _____

Methods to be employed to screen employees in order to promote the health and safety of employees and customers and to prevent the transmission of diseases and acts of prostitution or other criminal activity: _____

Methods to be employed to screen customers in order to promote the health and safety of employees and customers and to prevent the transmission of disease and acts of prostitution or other criminal activity: _____

Date and time of meeting with Police Chief or his/her designee _____

Checklist of Attachments

Required:

If Applicable:

_____ Proof of Age

_____ Entity Information (Corporation, Partnership, Shareholders)

_____ 2 Color Photos

_____ Partnership Agreement or Incorporation Certificate

_____ Fingerprints*

_____ Lease Agreement and Owner Certification

_____ Schedule of Fees

_____ A copy of any order of license denial, revocation, suspension

_____ Diagram of Business Premises, to scale

_____ List of All Employees, including name, date of birth and job title

_____ Criminal Background Check

* *Fingerprints shall be taken by the Park City Police Department*

STATEMENT (Place initials after each paragraph)

I CERTIFY UNDER PENALTY OF PERJURY AND LICENSE REVOCATION THAT I AM THE AUTHORIZED REPRESENTATIVE OF THE BUSINESS APPLICANT; THAT I HAVE READ, KNOW AND FULLY UNDERSTAND THE INFORMATION AND PROVISIONS OF THIS LICENSE AND THE ACCOMPANYING ORDINANCE SECTION GOVERNING BUSINESS LICENSES; I CERTIFY THAT THE INFORMATION PROVIDED AND REPRESENTATION MADE ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND MY APPLICATION IS IN ACCORDANCE WITH PARK CITY ORDINANCES AND STATE LAW. _____

THIS LICENSE SHALL BE VOID IF INFORMATION OR REPRESENTATIONS PROVIDED BY LICENSEE IS INCORRECT OR LATER CHANGES AND I FAIL TO UPDATE SUCH INFORMATION WITHIN FOURTEEN (14) BUSINESS DAYS OF THE CHANGE OF INFORMATION. _____

I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING: 1) THAT THIS IS NOT A LICENSE, BUT MERELY AN APPLICATION FOR A LICENSE TO DO BUSINESS WITHIN PARK CITY. 2) THAT IF MY APPLICATION IS APPROVED, I SHALL BE NOTIFIED AND ISSUED A LICENSE CERTIFICATE WHICH MUST BE DISPLAYED AT MY PLACE OF BUSINESS AT ALL TIMES. 3) THAT ALL BUSINESS LICENSES EXPIRE ON DECEMBER 31ST OF THE YEAR ISSUED. 4) THAT THE GRANTING OF THIS LICENSE TO DO BUSINESS WITHIN PARK CITY DOES NOT DISCHARGE OR REPLACE ANY OTHER LICENSING OR REGISTRATION REQUIREMENTS I MAY HAVE UNDER CITY, COUNTY, STATE OR FEDERAL LAWS. 5) A \$15.00 INSPECTION FEE MUST BE PAID AT THE TIME OF APPLICATION, FOR ALL NEW BUSINESSES OR BUSINESSES WHO HAVE CHANGED LOCATION. _____

I UNDERSTAND THAT IT IS UNLAWFUL FOR ANY SEXUALLY ORIENTED BUSINESS TO EMPLOY, RETAIN OR CONTRACT, OR FOR ANY INDIVIDUAL TO BE EMPLOYED OR CONTRACTED BY A SEXUALLY ORIENTED BUSINESS IN THE CAPACITY OF A SEXUALLY ORIENTED BUSINESS EMPLOYEE, UNLESS THAT EMPLOYEE FIRST OBTAINS AND POSSESSES A SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE PER PCMC SECTION 4-9-16(A). _____

I UNDERSTAND THAT ALL OWNERS, CORPORATIONS, PARTNERSHIPS, OR ANYONE WHO HAS ANY OWNERSHIP INTEREST IN THE SEXUALLY ORIENTED BUSINESS SHALL BE CRIMINALLY LIABLE AS A PARTY TO ANY VIOLATION OF THIS SECTION. IN ADDITION, ANY MANAGER OR PERSON WITH SUPERVISORY STATUS OVER THE UNLICENSED EMPLOYEE SHALL BE CRIMINALLY LIABLE AS A PARTY TO ANY SUCH VIOLATION PER PCMC SECTION 4-9-16(B). _____

I UNDERSTAND THAT ANY EMPLOYEE WHO KNOWINGLY, INTENTIONALLY, RECKLESSLY, OR WITH CRIMINAL NEGLIGENCE INTRODUCES, FURNISHES, ARRANGES, TRANSPORTS, ASSISTS OR REFERS, OR OFFERS TO INTRODUCE, FURNISH, ARRANGE, TRANSPORT, ASSIST OR REFER ANY UNLICENSED EMPLOYEE TO PROVIDE, OR FOR THE PURPOSE OF PROVIDING, ESCORT SERVICES SHALL BE CRIMINALLY LIABLE PER PCMC SECTION 4-9-16(C). _____

I UNDERSTAND THAT ANY APPLICANT DENIED A SEXUALLY ORIENTED BUSINESS LICENSE OR EMPLOYEE LICENSE MAY APPEAL PURSUANT TO PCMC SECTION 4-2-11(A), PROVIDED SUCH REQUEST IS FILED WITHIN TEN (10) DAYS AFTER RECEIPT OF NOTICE OF DENIAL. _____

I UNDERSTAND THAT SEXUALLY ORIENTED BUSINESS LICENSES GRANTED UNDER THIS CHAPTER ARE NOT TRANSFERABLE. IT IS UNLAWFUL FOR AN INDIVIDUAL TO TRANSFER A SEXUALLY ORIENTED BUSINESS LICENSE. IT SHALL BE UNLAWFUL FOR A SEXUALLY ORIENTED BUSINESS LICENSE HELD BY A CORPORATION, PARTNERSHIP OR OTHER NON-CORPORATE ENTITY TO TRANSFER ANY PART IN EXCESS OF TEN PERCENT (10%) THEREOF, WITHOUT FILING A NEW APPLICATION AND OBTAINING PRIOR CITY APPROVAL. IF ANY TRANSFER OF THE CONTROLLING INTEREST IN A SEXUALLY ORIENTED BUSINESS LICENSEE OCCURS, THE LICENSE IS IMMEDIATELY NULL AND VOID AND THE SEXUALLY ORIENTED BUSINESS SHALL NOT OPERATE UNTIL A SEPARATE NEW LICENSE HAS BEEN PROPERLY ISSUED BY THE CITY. _____

I UNDERSTAND THAT IT IS UNLAWFUL FOR ANY SEXUALLY ORIENTED BUSINESS TO:

ALLOW PERSONS UNDER THE AGE OF EIGHTEEN (18) YEARS, OR THE AGE OF TWENTY ONE (21) YEARS IF REQUIRED BY APPLICABLE LIQUOR ORDINANCE, ON THE BUSINESS PREMISES, EXCEPT THAT IN ADULT BUSINESSES, WHICH EXCLUDE MINORS FROM LESS THAN ALL OF THE BUSINESS PREMISES, MINORS SHALL NOT BE PERMITTED IN EXCLUDED AREAS _____

ALLOW, OFFER OR AGREE TO CONDUCT ANY ESCORT SERVICES WITH PERSONS UNDER THE AGE OF EIGHTEEN (18) YEARS; _____

ALLOW, OFFER OR AGREE TO ALLOW ANY ALCOHOL BEING STORED, USED OR CONSUMED ON OR IN THE BUSINESS PREMISES; _____

ALLOW THE OUTSIDE DOOR TO THE PREMISES TO BE LOCKED WHILE ANY CUSTOMER IS IN THE BUSINESS PREMISES; _____

ALLOW, OFFER OR AGREE TO GAMBLING ON THE BUSINESS PREMISES; _____

ALLOW, OFFER OR AGREE TO ANY EMPLOYEE OF A SEXUALLY ORIENTED BUSINESS TOUCHING ANY PATRON OR CUSTOMER; _____

ALLOW, OFFER OR AGREE TO ILLEGAL POSSESSION, USE, SALE OR DISTRIBUTION OF CONTROLLED SUBSTANCES ON THE BUSINESS PREMISES; _____

ALLOW SEXUALLY ORIENTED BUSINESS EMPLOYEES TO POSSESS, USE, SELL OR DISTRIBUTE CONTROLLED SUBSTANCES, WHILE ENGAGED IN THE ACTIVITIES OF THE BUSINESS; _____

ALLOW, OFFER OR AGREE TO COMMIT PROSTITUTION, SOLICITATION OF PROSTITUTION, SOLICITATION OF A MINOR OR COMMITTING ACTIVITIES HARMFUL TO A MINOR TO OCCUR ON THE BUSINESS PREMISES, OR IN THE EVENT OF AN ESCORT OR ESCORT SERVICES, THE ESCORT OR EMPLOYEE COMMITTING, OFFERING OR AGREEING TO COMMIT PROSTITUTION, ATTEMPTING TO COMMIT PROSTITUTION, SOLICITING PROSTITUTION, SOLICITING A MINOR, OR COMMITTING ACTIVITIES HARMFUL TO A MINOR; _____

ALLOW, OFFER, COMMIT OR AGREE TO ANY SPECIFIED SEXUAL ACTIVITY IN THE PRESENCE OF ANY CUSTOMER OR PATRON; _____

ALLOW, OFFER OR AGREE TO ALLOW A PATRON OR CUSTOMER TO COMMIT SPECIFIED SEXUAL ACTIVITIES IN THE PRESENCE OF AN EMPLOYEE OR ON THE BUSINESS PREMISES; _____

ALLOW, OFFER OR AGREE TO ANY EMPLOYEE OF A SEXUALLY ORIENTED BUSINESS APPEARING BEFORE ANY CUSTOMER OR PATRON IN A STATE OF NUDITY UNLESS LICENSED AS AN ADULT THEATER; _____

ALLOW, OFFER, OR AGREE TO COMMIT AN ACT OF LEWDNESS AS DEFINED IN PCMC SECTION 8-4-20 ; _____

NOT PERMIT THE POLICE DEPARTMENT OR OTHER PROPER CITY OFFICIAL TO HAVE ACCESS AT ALL TIMES TO ALL PREMISES LICENSED OR APPLYING FOR A LICENSE, OR TO MAKE PERIODIC INSPECTION OF SAID BUSINESS PREMISES WHETHER THE OFFICER OR OFFICIAL IS IN UNIFORM OR PLAIN CLOTHES._____

I UNDERSTAND THAT IT IS UNLAWFUL FOR ANY BUSINESS OR EMPLOYEE PROVIDING ESCORT SERVICES CONTRACTED FOR OR PROVIDED IN PARK CITY, TO FAIL TO COMPLY WITH THE FOLLOWING REQUIREMENTS:

ALL BUSINESSES LICENSED TO PROVIDE ESCORT SERVICES SHALL PROVIDE TO EACH PATRON A WRITTEN CONTRACT IN RECEIPT OF CONSIDERATION FOR SERVICES. THE CONTRACT SHALL CLEARLY STATE THE TYPE OF SERVICES TO BE PERFORMED, THE LENGTH OF TIME SUCH SERVICES SHALL BE PERFORMED, THE TOTAL AMOUNT SUCH SERVICES SHALL COST THE PATRON, AND ANY SPECIAL TERMS OR CONDITIONS RELATING TO THE SERVICES TO BE PERFORMED. THE CONTRACT NEED NOT INCLUDE THE NAME OF THE PATRON. THE BUSINESS OPERATOR SHALL KEEP AND MAINTAIN A COPY OF EACH WRITTEN CONTRACT ENTERED INTO PURSUANT TO THIS SECTION FOR A PERIOD NOT LESS THAN ONE YEAR FROM THE DATE OF PROVISION OF SERVICES. THE CONTRACTS SHALL BE NUMBERED AND ENTERED INTO A REGISTER LISTING THE CONTRACT NUMBER, DATE, NAMES OF ALL EMPLOYEES INVOLVED IN THE CONTRACT AND PECUNIARY COMPENSATION PAID. _____

ALL ESCORT SERVICES LICENSED SHALL MAINTAIN AN OPEN OFFICE AT WHICH AT LEAST ONE RESPONSIBLE EMPLOYEE CONDUCTS THE AFFAIRS OF THE BUSINESS AND ACTS AS MANAGER AND LICENSEE'S DESIGNATED AGENT AND MAY BE PERSONALLY CONTACTED DURING ALL HOURS ESCORTS ARE WORKING. _____

THE ADDRESS AND PHONE NUMBER OF THE BUSINESS PREMISES SHALL APPEAR AND BE INCLUDED IN ALL PATRON CONTRACTS AND PUBLISHED ADVERTISEMENTS. _____

ESCORT SERVICES SHALL NOT ADVERTISE IN SUCH A MANNER THAT WOULD LEAD A REASONABLY PRUDENT PERSON TO CONCLUDE THAT SPECIFIED SEXUAL ACTIVITIES WOULD BE PERFORMED BY THE ESCORT. _____

THE BUSINESS OPERATOR SHALL KEEP AND MAINTAIN COPIES OF ALL PUBLISHED ADVERTISEMENTS FOR A PERIOD NOT LESS THAN ONE YEAR FROM THE DATE OF PUBLISHING. _____

I DO KNOW AND UNDERSTAND THE STATE LAWS AND PARK CITY ORDINANCES GOVERNING "SEXUALLY ORIENTED BUSINESSES" AND UNDERSTAND THAT APPLICATION FOR A SEXUALLY ORIENTED BUSINESS LICENSE SHALL CONSTITUTE A WAIVER OF DISCLOSURE FOR A CRIMINAL BACKGROUND CHECK BY THE PARK CITY POLICE DEPARTMENT, THE UTAH BUREAU OF CRIMINAL IDENTIFICATION, AND THE FEDERAL BUREAU OF INVESTIGATION FOR THE PROPOSE OF ANY PROCEEDINGS INVOLVING THE BUSINESS LICENSE APPLICATION. _____

Signature of Applicant

Sworn and subscribed before me this _____ day of _____, in the year _____

Notary Public

My commission expires: _____

WAIVER OF CONFIDENTIALITY OF RECORDS

I, _____, having made application with Park City Municipal Corporation for issuance of a **Sexually Oriented Business** license, hereby waive the benefit of any local, state or federal statute, rule, ordinance, regulation or other law prescribing the confidentiality of any records or documents, whether formal or informal, pending or closed, maintained by any public or private agency or organization as those records or documents pertain to residency, business location, business activities, education and/or training, employment, civil litigation, criminal litigation, law enforcement investigation, or business license denial or revocation of any jurisdiction.

I hereby authorize and request every public or private agency, organization, or person maintaining such records to furnish to the Park City Police Department and/or the Park City Licensing Office, or their agents or representatives, any information contained therein and to permit them to inspect and make copies of such records and documents.

I hereby release Park City Corporation, including but not limited to the Park City Police Department and the Park City Licensing Office, their employees, agents and representatives, and any agency, organization, or person furnishing them information from all liability arising out of any investigation concerning the aforementioned employee license application. I further agree that a copy of this waiver shall function as an original.

Date

Signature

Date

Witness Signature