ANSWER ALL QUESTIONS - INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Community Dev./Zoning CZC #_____
Fire Dept. Approval _____
NET Approval _____
Police Dept. Approval _____
License No. _____ Issue Date _____
Fee Paid _____ Exp. Date _____

YOUR APPLICATION AND LICENSE FEES ARE NON-REFUNDABLE.

CITY OF ROCHESTER, CITY CLERK'S OFFICE, ROOM 100-A, CITY HALL
SEXUALLY ORIENTED BUSINESS APPLICATION

Application For: _____ Adult Arcade _____ Adult Cabaret _____ Adult Movie Theater _____ Adult Retail Store

Attach Certificate of Use, if applicable.

Date _____ _____ New _____ Renewal _____ Amendment

Indicate whether business is owned by a ( ) Corporation, ( ) Partnership, or ( ) Individual.
NOTE: If a Corporation, attach a copy of incorporation documents, evidence that the corporation is in good standing under the laws of its state of incorporation, the names and capacity of all officers and directors, and the name of the registered corporate agent and the address of the registered office for service of process. If a Partnership, list the names of all partners, whether the partnership is general or limited, and attach a copy of partnership agreement, if any.

1. Applicant _____ 2. _____
(Last) (First) (Middle) Sex: M/F

3. A/K/A (Include maiden name) _____ 4. Date of Birth _____

5. Job Title _____

6. Business Name _____

7. Name of Individual Responsible for Business Operations _____

8. D/B/A _____
(Submit copy of the registration documents.)

9. Business Phone (____) _____

10. Business Address _____
(Street) (City) (State) (Zip)

11. Business Mailing Address _____
(Street or PO Box) (City) (State) (Zip)

12. Description of Premises (include SBL #) _____
_____

13. Attach floor plan.

14. Have you ever, either in a personal, corporate, or partnership capacity, applied for any other personal or sexually oriented business or employee license/permit under this chapter or other similar sexually oriented business chapters from another city or county? ☐ Yes ☐ No

15. If yes, attach sheet listing names and locations of any such other licensed businesses and dates of operation. If the license/permit was denied, revoked or suspended, attach sheet stating name and location of business, date of denial, suspension or revocation and whether you had been a partner in a partnership or an officer or director of the corporation.

16. List all convictions of specified criminal activity as defined in Section 98-2 of the Code.

Date	Charge	Location (City and State)

17. Applicant certifies that he/she has received a copy of the Code governing the operation of Sexually Oriented Businesses and Employees.

SIGN _____
(Applicant)

ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO AND/OR THE FORFEITURE OF ANY APPLICATION FEES.

_____ being duly sworn says that the statements contained in the foregoing
(Print Name)
foregoing application are true. SIGN _____
(Applicant)

Sworn to before me and signed in my presence this _____ day of _____, 20 _____.

_____
Commissioner of Deeds/Notary Public

----------POLICE DEPT. USE ONLY----------

____ Records ____ MCVB ____ Alarm
____ Approved ____ Denied ____ Adm Canceled ____ Conditionally Approved

_____ _____
INVESTIGATOR DATE CHIEF OF POLICE DATE

CITY OF ROCHESTER
CITY CLERK'S OFFICE, LICENSING UNIT
ROOM 100A, CITY HALL, 30 CHURCH STREET
ROCHESTER, NY 14614

LICENSE APPLICATION ADDENDUM

(For use if Partnership, Corporation, D.B.A. or Agent)

Applicant: _____

Name of Business: _____

Type of License: _____

CIRCLE ONE: Partnership / Corporation / D.B.A. / Agent

Note: If the applicant or property owner is a partnership, give name, date of birth, and home address of each partner; if a corporation, give name, date of birth, and home address of all officers and shareholders; if D.B.A., give name, date of birth and home address of all principals; if acting as an agent, identify whom you are representing.

NAME	D.O.B.	HOME ADDRESS

Office Use Only:

_____

_____

_____