



Adult Entertainment Facility Application

Date of Application _____ ☐ New Application ☐ Renewal

Applicant Information:

Applicant Name _____

Home Address _____ City _____ St _____ Zip _____

Mailing Address _____ City _____ St _____ Zip _____

Phone 1 _____ Phone 2 _____ Cell _____

Fax _____ Email _____

Date of Birth _____ Place of Birth _____

- Have you been convicted of a criminal offense? If so, specify the offense, date, place and jurisdiction of each _____
- Do you hold any adult licenses from another city, county or state? If so, list the operating names and locations of each _____
- Have you ever had an adult license suspended or revoked? If so, list the name and location of the adult entertainment facility for which the license was suspended or revoked, and the date and reason for suspension or revocation _____

Business Information:

Business Name _____

Address _____ City _____ St _____ Zip _____

Mailing Address _____ City _____ St _____ Zip _____

Phone 1 _____ Phone 2 _____ Cell _____

Fax _____ Email _____

FIEN _____ UBI # _____

Emergency Contact Information:

Name _____ Relationship to Business _____

Address _____ City _____ St _____ Zip _____

Phone 1 _____ Phone 2 _____ Cell _____

Fax _____ Email _____



Attach the following items:

- A detailed description and operational plan, including hours of operation, location, names and addresses of managers, interior furnishings, drawn to scale, and number and type of employees.
- Copy of ownership, sale or lease documents of the proposed facility property.
- Copy of applicant's picture ID.
- Two (2) two-inch by two-inch color photographs of the applicant, taken within six (6) months of the date of application, showing only the full face of the applicant.
- A complete set of fingerprints of the applicant, taken by a designated City official, on a form adopted and approved by the City of Pasco Police Department. (Contact Pasco PD at 545-3421)
- Names, home address, home phone and date of birth of all general partners, corporate officers and directors (if any) of the applicant for the last 5 years.
- Description of all business, occupation, or employment of general partners, corporate officers and directors (if any) of the applicant for last 3 years.
- \$764.75 fee (\$700.00 license fee + \$30 background check + \$34.75 WSP/FBI Criminal History Check)

An application that does not provide all the information or documents required is incomplete and will not be processed.

I certify all statements and attachments are true under penalty of perjury.

I hereby authorize the City of Pasco, its agents and employees, to seek any other relevant information to confirm statements or information set forth in this application:

Signature **(MUST BE NOTORIZED)**

Date

NOTARY:

State of _____

County of _____

On _____, 20____,

personally appeared before me, known to me to be the
signer of the above document, and he/she acknowledged
that he/she signed it.

Notary Public