

CITY OF CLEVELAND, TENNESSEE
APPLICATION FOR ADULT ENTERTAINMENT LICENSE

***** WARNING *****

It is unlawful for any person to make a false statement on this application. Discovery of a false statement shall constitute grounds for denial of application or revocation of a permit. This permit is not transferable to any other person, partnership, or corporation. This license is only valid for the adult-oriented establishment listed below on line2 designated "Business Address" and for no other location.

APPLICATION NO. _____ LICENSE NO. _____

INSTRUCTIONS

All information must be printed or typed. The information contained in this application **MUST** be legible and complete in order for it to be processed. Only those applications that have been obtained through the City Business License Office will be processed.

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YOUR FULL NAME: _____

YOUR SOCIAL SECURITY NUMBER: _____

YOUR CURRENT ADDRESS: _____

TELEPHONE NO. WHERE YOU CAN BE CONTACTED: _____

1. NAME OF BUSINESS _____

2a. BUSINESS ADDRESS: _____

(Give all addresses for the past three (3) years): _____

2b. BUSINESS MAILING ADDRESS: _____

3. Owner(s): List names(s) and address(es) of all persons who have any interest in the operation and ownership of this business. For purposes of this license application, anyone having any direct interest in the ownership or operation of the business shall include any partner of a partnership applicant, any stockholder of a corporate applicant holding a controlling interest or a significant share of the stock of a corporate applicant. List all names, including all alias names, and addresses of any person listed hereunder.

NAME & ALIAS

ADDRESS

4. Please state the business, occupation, or employment of each of the above-named owner(s) for five (5) years immediately preceding the date of this application:

5. State whether any of the above named owner(s) have previously obtained an adult-oriented establishment license or similar Business License in any other county, city, or state of the United States; whether any of the above named owner(s) have ever had such license revoked or suspended and if so, the reason therefore; and the business entity or trade name under which the above named under which the above named owner(s) operated that was subject to the suspension or revocation: _____

6. State all convictions of federal and/or criminal statutes, or any city ordinances or misdemeanor violation convictions, and pleadings of nolo contendere on all charges, except minor traffic violations, any owner have received within the past five (5) years _____

7. Attach two (2) recent photographs of yourself which are at least 2 inches by 2 inches.

8. I have attached to this form a copy of my birth certificate or other proof that I am at least (18) eighteen years of age: Yes No My date of birth is: _____

9. Designate your height _____, weight _____, color of eyes _____, and color of hair _____.

10. Attach your fingerprints as they were obtained at the Cleveland Police Department.

11. List all residential addresses where you have lived during the past three (3) years: _____

12. List all businesses, employment or other occupation which you have had for the five (5) years immediately preceding the date of this application:

13. List all names and address of persons, partnerships, or corporations holding any beneficial interest in the real estate upon which applicant's adult-oriented establishment is to be operated, including contact purchasers, contract sellers, beneficiaries of any land trust or lessee subletting to applicant:: _____

14. Are subject premises leased or subject to a contract of purchase? Yes No If so, please attach hereto a copy of said lease and/or contract for purchase.

15. How long have you resided in the City of Cleveland, or Bradley County immediately preceding the date of this application? _____

16. Is the applicant a corporation? Yes No If so, list: Name of corporation:

Date and State of Incorporation: _____

Name and address of Registered Agent: _____

Name and address of all directors and officers of the corporation: _____

Designate the names and addresses of any person, partnership, limited partnership, corporation, or any other recognized legal entity holding more than five (5%) percent stock ownership in this corporation: _____

17. Have you received a copy of the City of Cleveland Ordinances No. 9-501 through 9-516, are you familiar with the provisions of such and do you agree to comply with all the terms and provisions therein? _____

18. Attach hereto a list providing all inventory of adult entertainment material, equipment or supplies that are leased, purchased, or held in consignment or in any other fashion kept on the premises or any part or portion thereof for storage, display, or any other use therein, or in connection with the operation of entertainment material, equipment and supplies specifically state and designate:

a. The business name of any distributor of any distributor of such inventory, equipment or supplies: _____

b. Distributor's address: _____

c. Distributor's Phone Number: _____

19. By applying for this permit I am aware that the Cleveland Police Department will conduct an investigation into my background for which the City Clerk's office shall notify me whether my application is granted, denied, or held for further investigation. My failure or refusal to give any information relevant to the investigation of this application or my refusal or failure to appear at any reasonable time and place or examination under oath regarding this application or refusal to submit to or cooperate with any investigation required by Ordinance 9-504, shall constitute an admission by me that I am ineligible for this permit and can be grounds for denial thereof by the Cleveland City Council. I further understand that the giving of any false information on this application may also constitute grounds for the denial of any adult entertainer permit by the Cleveland City Council.

Signature of applicant: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC

COMMISSION EXPIRES

APPROVED:

INVESTIGATING OFFICER: _____

DATE: _____

CITY CLERK: _____

DATE: _____

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If this application is not approved the ground for denial are:

Signature of Investigating Officer

Signature of the Police Chief

I _____, have received a copy of the City of Cleveland's code as it pertains to Adult Entertainment, 9-501 through 9-516. This _____, day of _____, 20_____.

Signature of Applicant