



City of Dallas
SEXUALLY ORIENTED BUSINESS LICENSE
APPLICATION

CITY LICENSE APPLICATION PROCEDURES

STEP 1. Applications must be turned into this office either in person, via certified mail, Courier. Go to the County Tax Office at 500 Elm Street, 1st Floor, (214) 653-7615 to check for any back taxes, fees, fines or penalties owed to the City of Dallas. Submit the form provided by the County with your application. Any back taxes, fees, fines or penalties owed to the City of Dallas must be paid before the license will be issued.

Dallas Water Dept / Special Collections Division
1500 Marilla St., Room 2DS, Dallas, TX 75201
(214) 670-3438
(Mailing Address: PO Box 139076, Dallas, TX 75313-9076)

It is your responsibility to make sure that the application is complete and that all the documents requested in the application are attached or your license will be denied.

You must pay a non-refundable fee of **\$90.00** for zoning verification and **\$1,198.00** for Survey Fees to ensure that the proposed Sexually Oriented Business will be in compliance with locational restrictions set forth by city ordinance.

STEP 2. Dallas Police Department / Strategic Deployment Bureau / Vice Unit / Licensing Squad

The licensing squad will review the application, zoning verification letter, and survey to determine if it meets all provisions of the ordinance. You will be notified when your license is approved. It is then your responsibility to pick up the license and pay a fee of **\$696.00** at the **Dallas Water Dept / Special Collections Division**. If your application is denied, you will be notified by certified mail. If you have not been notified of your application status within thirty (30) days after you have submitted your application, contact the **Vice Unit / Licensing Squad, Dallas Police Department**. (*NOTE: You may not operate as a Sexually Oriented Business until you have picked up your license from the Office of Financial Services / Special Collections Division*)

RENEWALS

Renewals are processed in the same manner as a new application. You should submit your renewal application at least thirty (30) days before it expires. No temporary license will be issued while your application is being processed. For your convenience, a renewal application will be sent to you, populated with the current information in our system. The Zoning Fee and Survey Fee are not required for a renewal application; however, if your license expires, you will be required to complete a new application and pay all applicable zoning, survey and licensing fees. If there has been an ownership change for this establishment, please complete a new application. Applications can be downloaded from our website at www.dallascityhall.com.

The licensing squad will review the renewal application to determine if it meets all provisions of the ordinance. You will be notified when your license is approved. It is then your responsibility to pick up the license and pay the applicable fee at the **Dallas Water Dept / Special Collections Division**. If your application is denied, you will be notified by certified mail. If you have not been notified of your application status within thirty (30) days after you have submitted your application, contact the **Vice Unit / Licensing Squad, Dallas Police Department, (214) 671- 3230** . *(NOTE: You may not operate as a Sexually Oriented Business until you have picked up your license from the Office of Financial Services / Special Collections Division)*

*******IMPORTANT*******

Make sure that you submit all requested documents with your application. Failure to submit these documents could result in the denial of your application:

- 1) Current criminal history (no older than four months) of all applicants and spouses from the Texas Department of Public Safety
- 2) A copy of any property lease or sublease
- 3) A copy of a Deed, if you own the property
- 4) A copy of your current T.A.B.C. application and license, if alcohol is sold on the premises
- 5) A copy of any articles of incorporation
- 6) A copy of any corporate minutes or other documentation reflecting the current officers of the corporation or other business entity
- 7) A copy of the #Assumed Name” record, if recorded with the County Clerks Office

CRIME RECORDS SERVICE

Procedure for review of personal criminal history record:

It is the policy of the Texas Department of Public Safety that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). The policy is in compliance with Texas Government Code, Section 552.023.

FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS FAST locations operated by IdentoGO. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at <https://uenroll.identogo.com/servicecode/11FT12> or by calling 1-888-467-2080. DPS FAST locations operated by IdentoGO are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$10.00 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual.

FINGERPRINTS SUBMITTED BY MAIL THROUGH MORPHOTRUST: See attached instructions for the process that must be followed to submit fingerprint hard cards to MorphoTrust. The results will be mailed to the designated recipient provided by the individual.

If you have any questions for the Texas Department of Public Safety, please call (512) 424-2079.

If you have any questions regarding the licensing review process, please contact:

**Dallas Police Department / Strategic Deployment Bureau / Vice Unit / Licensing Squad Jack Evans Police Headquarters
1400 S. Lamar Street Dallas, TX 75215
(214) 671-3230**



Service Name: Personal Review
 To schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following service code

11FT12

ELECTRONIC NOTIFICATIONS:

- I would like to receive all future communications, renewal notifications, billing statements, and any and all other correspondence regarding my account, via email. By checking this box, I acknowledge and accept the receipt of "Electronics Notifications" as the primary source of communications for my account(s) with the City of Dallas, Special Collections Division. I further understand that it is my responsibility to notify the Special Collections Division of any changes in my email address or data contained in this application and that my failure to properly notify the City of Dallas could result in me not receiving electronic notifications and could result in additional fees, penalties or interest assessments being levied against my account(s). My current email address is:

(Use as many boxes as needed. One letter or number per box, only)

| | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Change notifications must be in writing and addressed to the:

**Dallas Water Department / Special Collections Unit
PO Box 139076
Dallas, TX 75313-9076**

- I do not wish to receive communication via email, regarding my account (renewal notifications, billing Statements and any and all other correspondence).
(please note: You may change to email notifications by writing to us, at the above address, and providing your email information to us at any time).



City of Dallas

APPLICATION
For a
CITY OF DALLAS SEXUALLY ORIENTED BUSINESS LICENSE

(FOR OFFICE USE ONLY)

ZONING FEE PAID: \$ ACCOUNT NUMBER:
SURVEY FEE PAID: \$ DATE PAID: / /

PAYOR :
(If different than customer/applicant, capture address , C/S/Z, phone number)

ADDRESS:
CITY: STATE: ZIP: PHONE: () -

Section 41a-5 of the Dallas City Code states that the police chief may refuse to issue a license to a person who #has failed to provide information reasonably necessary for the issuance of the license or has falsely answered a question or request for information on the application form."

Date Current License Expires: / / [] New Application
Occupancy Capacity: [] Renewal Application

Type of License: (check all that apply)

- [] Adult Arcade [] Adult Video Store- Adult Motion Picture
[] Adult Bookstore [] Escort Agency
[] Adult Cabaret [] Nude Modeling Studio
[] Adult Motel

DAYS / HOURS OF OPERATION: (Check all that apply)

Table with 8 columns: DAYS, FROM, HOURS (AM/PM), TO, HOURS (AM/PM). Rows for Sunday through Saturday.

Are Alcoholic Beverages Sold On The Premises? [] Yes [] No

If you have questions about filling out this application call the Strategic Deployment Bureau, Vice Unit, Licensing Squad at (214) 671-3230

| | | | |
|--|--|-----------------------------------|--|
| SECTION A: GENERAL INFORMATION REGARDING THE BUSINESS ENTITY (PLEASE PRINT) | | | |
| BUSINESS TRADE NAME : _____ | | | |
| ADDRESS OF BUSINESS : _____ | | | |
| CITY / STATE : _____ | | ZIP + FOUR _____ - _____ | |
| BUS. TELEPHONE NO: (____) _____ - _____ | | BUS. FAX NO: (____) _____ - _____ | |
| FEDERAL IDENTIFICATION NUMBER: _____ - _____ | | | |

| | | | |
|--|--|---------------------------------------|---------------------------------|
| APPLICANT (RESPONSIBLE PERSON APPLYING FOR THE SOB LICENSE): (Please print) | | | |
| Last Name | First Name | Middle Name | (Maiden Name) |
| Race: <input type="checkbox"/> White | <input type="checkbox"/> Native American | Sex: <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Hispanic | | | |
| Date Of Birth : _____ / _____ / _____ | | Social Security Number----- _____ | |
| Drivers License Number : _____ | | | State : _____ |
| Applicants Home Address | | : _____ | |
| City / State : _____ | | Zip + Four ----- _____ | |
| Home No : (____) _____ - _____ | | Bus. Telephone No: (____) ----- _____ | |
| Cellular Telephone No: (____) _____ - _____ | | Pager No: (____) _____ - _____ | |

| | | | |
|---|--|---------------------------------------|---------------------------------|
| <u>APPLICANTS SPOUSE INFORMATION:</u> | | | |
| Last Name | First Name | Middle Name | (Maiden Name) |
| Race: <input type="checkbox"/> White | <input type="checkbox"/> Native American | Sex: <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Hispanic | | | |
| Date Of Birth : _____ / _____ / _____ | | Social Security Number ----- _____ | |
| Drivers License Number: _____ | | | State: _____ |
| Applicants Spouse Home Address : _____ <i>(Provide if address is different from applicant)</i> | | | |
| City / State : _____ | | Zip + Four ----- _____ | |
| Home No: (____) _____ - _____ | | Bus. Telephone No: (____) ----- _____ | |
| Cellular Telephone No: (____) _____ - _____ | | Pager No: (____) _____ - _____ | |

Any person (individual, proprietorship, corporation, association, or other legal entity) who operates or causes to be operated a Sexually Oriented Business must have a license. If more than one business entity is involved in the operation of the Sexually Oriented Business, each business entity must be licensed to operate the Sexually Oriented Business.

THE PERSON(S) OPERATING THE BUSINESS LISTED ABOVE IS / ARE (CHECK ONE):

- | | |
|--|---|
| <input type="checkbox"/> An Individual (Sole Proprietorship) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Two or More Individuals | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other: _____ |

COMPLETE THE FOLLOWING SECTIONS:

Section B then continue to E - if the person who operates or causes a business to be operated is an individual (sole proprietorship) (skip sections C and D)

Section C then continue to E - if the person(s) who operates or causes a business to be operated are two or more individuals (Co-ownership) (skip sections B and D)

Section C then continue to E - if the person(s) who operates or causes a business to be operated are a Partnership (skip sections B and D)

Section D then continue to E - if the person(s) who operates or causes a business to be operated is a corporation, unincorporated association, joint venture, or other business entity (skip sections B and C)

| SECTION B: INDIVIDUAL OWNERSHIP (SOLE PROPRIETORSHIP) | | | |
|--|--|---------------------------------------|---------------|
| <i>(To be completed if the person who operates or causes to be operated is an individual or sole proprietor)</i> | | | |
| OWNERS INFORMATION (PERSON WHO OWNS THE SOB BUSINESS): (Please print) | | | |
| Last Name | First Name | Middle Name | (Maiden Name) |
| Race: <input type="checkbox"/> White | <input type="checkbox"/> Native American | Sex: <input type="checkbox"/> Male | |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian | <input type="checkbox"/> Female | |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ | | |
| Date Of Birth : ____ / ____ / ____ | | Social Security Number----- _____ | |
| Drivers License Number : _____ | | | State : _____ |
| Applicants Home Address : _____ | | | |
| City / State : _____ | | Zip + Four----- _____ | |
| Home No : (____) _____ - _____ | | Bus. Telephone No: (____) ----- _____ | |
| Cellular Telephone No: (____) _____ - _____ | | Pager No: (____) _____ - _____ | |
| OWNERS SPOUSE INFORMATION: | | | |
| Last Name | First Name | Middle Name | (Maiden Name) |
| Race: <input type="checkbox"/> White | <input type="checkbox"/> Native American | Sex: <input type="checkbox"/> Male | |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian | <input type="checkbox"/> Female | |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ | | |

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

Drivers License Number : _____ State : _____

Applicants Home Address : _____

City / State : _____ Zip + Four ----- _____

Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____

Cellular Telephone No: (_____) _____ - _____ Pager No: (_____) _____ - _____

SECTION C: CO- OWNERSHIP (To be completed if two or more individuals co-own the business)
(Note: if the business is co-owned by two or more individuals, you (applicant) must submit with this application a signed and notarized statement from each of the co-owners other than yourself declaring that each co-owns the business and that you are each co-owners designated agent for the purpose of applying for a Sexually Oriented Business license)

CO-OWNERS INFORMATION (PERSON WHO CO-OWNS THE SOB): (Please print)

Last Name _____ First Name _____ Middle Name _____ (Maiden Name) _____

Percentage of Ownership % _____

Race: White Native American Sex: Male
 African-American Asian Female
 Hispanic Other: _____

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

Drivers License Number : _____ State : _____

Applicants Home Address : _____

City / State : _____ Zip + Four ----- _____

Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____

Cellular Telephone No: (_____) _____ - _____ Pager No: (_____) _____ - _____

CO-OWNERS SPOUSE INFORMATION: (Please print)

Last Name _____ First Name _____ Middle Name _____ (Maiden Name) _____

Race: White Native American Sex: Male
 African-American Asian Female
 Hispanic Other: _____

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

Drivers License Number : _____ State : _____

Applicants Home Address : _____
 City / State : _____ Zip + Four _____ - _____
 Home No : (_____) _____ - _____ Bus. Telephone No: (_____) _____ - _____
 Cellular Telephone No: (_____) _____ - _____ Pager No: (_____) _____ - _____

CO-OWNERS INFORMATION (PERSON WHO CO-OWNS THE SOB): (Please print)

Last Name _____ First Name _____ Middle Name _____ (Maiden Name) _____
 Percentage of Ownership % _____
 Race: White Native American Sex: Male
 African-American Asian Female
 Hispanic Other: _____
 Date Of Birth : ____ / ____ / ____ Social Security Number----- _____
 Drivers License Number : _____ State : _____
 Applicants Home Address : _____
 City / State : _____ Zip + Four----- _____
 Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____
 Cellular Telephone No: (_____) _____ - _____ Pager No: (_____) _____ - _____

CO-OWNER'S SPOUSE INFORMATION: (Please Print)

Last Name _____ First Name _____ Middle Name _____ (Maiden Name) _____
 Race: White Native American Sex: Male
 African-American Asian Female
 Hispanic Other: _____
 Date Of Birth : ____ / ____ / ____ Social Security Number----- _____
 Drivers License Number : _____ State : _____
 Applicants Home Address : _____
 City / State : _____ Zip + Four----- _____
 Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____
 Cellular Telephone No: (_____) _____ - _____ Pager No: (_____) _____ - _____

SECTION D: PARTNERSHIP, CORPORATION, UNINCORPORATED ASSOCIATION, OR OTHER TYPE OF BUSINESS ENTITY

To Be Completed If Owner Is A Partnership, Corporation, Unincorporated Association, Or Other Type Of Business Entity.

If the owner of the business is a partnership, you (applicant) must submit with this application a signed and notarized statement from one of the partners declaring that he/she is a partner of a partnership to designate an agent for the purposes of applying for a Sexually Oriented Business license and that you (applicant) are the agent designated.

If the owner of the business is a Limited Partnership, you (applicant) must submit with this application a certified copy of the Certificate of Limited Partnership on file with the Secretary of State in Austin, Texas.

If the owner is a Corporation / Unincorporated Association / or other business entity, you (applicant) must submit with this application a signed and notarized statement from an officer of the Corporation / Unincorporated Association / or other business entity declaring that he/she has authority to designate an agent for the purposes of applying for an Sexually Oriented license and that you (applicant) are the agent designated.

In addition, if the owner is a Texas Corporation, you (applicant) must submit with this application a certified copy of the Articles of Incorporation (Charter) on file with the Secretary of State in Austin, Texas. If the owner is an out-of-state corporation, you (applicant) must submit with this application a certified copy of the Certificate of Authority on file with the Secretary of State in Austin, Texas.

If the business is some other type of entity, you must submit certified copies of any records filed with the Texas Secretary of State. If the business has not filed any records with the Texas Secretary of State, you must submit any By-Laws, Charters, minutes, or any other documentation showing the existence of the business entity. The documents must be accompanied by an affidavit attesting to the validity of the documents.

Any documentation indicating the officers of the corporation or other business entity must also be submitted with this application. The documentation must also be accompanied by an affidavit attesting to the validity of the documents.

| | |
|--|----------------------------------|
| <u>CORPORATION / UNINCORPORATED ASSOCIATION / PARTNERSHIP / OTHER BUSINESS ENTITY</u> | |
| LEGAL NAME: _____ | |
| MAILING ADDRESS: _____ | |
| CITY / STATE : _____ ZIP + FOUR _____ - _____ | |
| TELEPHONE NUMBER: (____) _____ - _____ | FAX NUMBER: (____) _____ - _____ |

| | | | |
|--|---|--|------------------------------------|
| <u>CORPORATE OFFICERS OR OFFICERS OF THE ASSOCIATION OR PARTNERS:</u> <i>(Use Additional Sheets If Necessary)</i> | | | |
| Last Name | First Name | Middle Name | (Maiden Name) |
| Percentage of Ownership % _____ | | | |
| Race: | <input type="checkbox"/> White | <input type="checkbox"/> Native American | Sex: <input type="checkbox"/> Male |
| | <input type="checkbox"/> African-American | <input type="checkbox"/> Asian | <input type="checkbox"/> Female |
| | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ | |

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

Drivers License Number : _____ State : _____

Home Address : _____

City / State : _____ Zip + Four ----- _____

Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____

Cellular Telephone No: (_____) _____ - _____ Pager No: (_____) _____ - _____

CORPORATE OFFICERS OR OFFICERS OF THE ASSOCIATION OR PARTNERS SPOUSE INFORMATION: (Please print)

Last Name _____ First Name _____ Middle Name _____ (Maiden Name) _____

Percentage of Ownership % _____

Race: White Native American Sex: Male
 African-American Asian Female
 Hispanic Other: _____

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

Drivers License Number : _____ State : _____

Applicants _____ Home _____ Address _____ : _____

City / State : _____ Zip + Four ----- _____

Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____

Cellular Telephone No: (_____) _____ - _____ Pager No: (_____) _____ - _____

SECTION E: - MANAGERS

Managers and Supervisors: You (applicant) must provide the following information with regard to any person who is, or whom you know will be employed by the business in a managerial or supervisory capacity.

Total Number Of Managers: _____

DAYTIME MANAGERS (IF APPLICABLE): (Use Additional Sheets If Necessary)

Last Name _____ First Name _____ Middle Name _____ (Maiden Name) _____

Race: White Native American Sex: Male
 African-American Asian Female
 Hispanic Other: _____

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

Drivers License Number : _____ State : _____

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

City / State : _____ Zip + Four----- _____

Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____

Cellular Telephone No: (____) _____ - _____ Pager No: (____) _____ - _____

DAYTIME MANAGER

Last Name First Name Middle Name (Maiden Name)

Race: White Native American Sex: Male
 African-American Asian Female
 Hispanic Other: _____

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

Drivers License Number : _____ State : _____

Home Address : _____

City / State : _____ Zip + Four----- _____

Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____

Cellular Telephone No: (____) _____ - _____ Pager No: (____) _____ - _____

NIGHTTIME MANAGERS (IF APPLICABLE):
(Use Additional Sheets If Necessary)

Last Name First Name Middle Name (Maiden Name)

Race: White Native American Sex: Male
 African-American Asian Female
 Hispanic Other: _____

Date Of Birth : _____ / _____ / _____ Social Security Number----- _____

Drivers License Number : _____ State : _____

Home Address : _____

City / State : _____ Zip + Four----- _____

Home No : (_____) _____ - _____ Bus. Telephone No: (_____) ----- _____

Cellular Telephone No: (____) _____ - _____ Pager No: (____) _____ - _____

NIGHTTIME MANAGERS :

| | | | |
|---|--|---------------------------------------|---------------------------------|
| Last Name | First Name | Middle Name | (Maiden Name) |
| Race: <input type="checkbox"/> White | <input type="checkbox"/> Native American | Sex: <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Hispanic | | | |
| Date Of Birth : ____ / ____ / ____ | Social Security Number----- _____ | | |
| Drivers License Number : _____ | | State : _____ | |
| Home Address | : _____ | | |
| City / State : | Zip + Four----- _____ | | |
| Home No : (____) _____ - _____ | Bus. Telephone No: (____) ----- _____ | | |
| Cellular Telephone No: (____) _____ - _____ | Pager No: (____) _____ - _____ | | |

SECTION F: - CRIMINAL HISTORY

Have you or any other person listed on this application ever been arrested or charged for any crime other than a minor traffic violation? Yes No

If yes, state the name of the person arrested or charged, the date and location of the arrest or charge, the crime with which the person was charged, the disposition of each charge. (Use additional sheets if necessary)

(Note: a criminal history of the owners and spouses must be attached to this application (see cover sheet). Failure to supply this record will result in denial of the application)

| | | | |
|--|--|-------------|---------------|
| Last Name | First Name | Middle Name | (Maiden Name) |
| Date of Arrest or Charge: ____ / ____ / ____ | Crime Disposition & Date: ____ / ____ / ____ | | |
| Agency/State: _____ | | | |
| ***** | | | |

| | | | |
|--|--|-------------|---------------|
| Last Name | First Name | Middle Name | (Maiden Name) |
| Date of Arrest or Charge: ____ / ____ / ____ | Crime Disposition & Date: ____ / ____ / ____ | | |
| Agency/State: _____ | | | |
| ***** | | | |

| | | | |
|--|--|-------------|---------------|
| Last Name | First Name | Middle Name | (Maiden Name) |
| Date of Arrest or Charge: ____ / ____ / ____ | Crime Disposition & Date: ____ / ____ / ____ | | |
| Agency/State: _____ | | | |
| ***** | | | |

SECTION G: PARENT AND/OR RELATED ENTITIES OR CORPORATIONS

Section 41a-4(F) of the Dallas City Code requires the applicant to identify all parent and related corporations or entities who own the corporation operating the Sexually Oriented Business, or who are involved in the operation of the Sexually Oriented Business. The names of the officers of each parent or related corporation or entity must be listed.

Please be aware that if a corporation is involved in the operation of the Sexually Oriented Business, then the applicant must review whether that corporation must also be licensed to operate the Sexually Oriented Business.

PARENT CORPORATIONS / OTHER BUSINESS ENTITY THAT OWNS THE CORPORATION OPERATING THE SEXUALLY ORIENTED BUSINESS: (Use Additional Sheets If Necessary)

Name of the Corporation / Entity : _____

Address : _____

City / State: _____ Zip + Four _____ - _____

Business Telephone Number: (____) _____ - _____ Business Fax Number: (____) _____ - _____

Federal Identification Number: _____ - _____

Officers:

1. _____ Office: _____

2. _____ Office: _____

3. _____ Office: _____

4. _____ Office: _____

RELATED CORPORATIONS / OTHER BUSINESS ENTITIES THAT ARE INVOLVED IN THE OPERATION OF THE SEXUALLY ORIENTED BUSINESS: (use additional sheets if necessary)

Name of the Corporation / Entity : _____

Address : _____

City / State: _____ Zip + Four _____ - _____

Business Telephone Number: (____) _____ - _____ Business Fax Number: (____) _____ - _____

Federal Identification Number: _____ - _____

Officers:

1. _____ Office: _____

2. _____ Office: _____

3. _____ Office: _____

4. _____ Office: _____

SECTION H: OTHER INFORMATION

OWNER OF PROPERTY ON WHICH BUSINESS OPERATES

Do you lease or sublease the building in which the business operates? Yes No

If you lease or sublease the building in which the business operates, you must provide the name and address of the person from whom you lease the building (Lessor) and submit a copy of your lease or sublease agreement with this application.

Name of Lessor : _____

Address of Lessor: _____

City / State: _____ Zip + four _____ - _____

Has any person on this application been denied or had revoked or suspended any city, state or federal license within the preceding twelve (12) months? Yes No

If yes, give the name, address, type of license, date when the license was denied, suspended or revoked and the reason license was denied, suspended or revoked

Name: _____

Address: _____

City / state: _____ Zip + four _____ - _____

Type of license denied, suspended or revoked: _____

Reason license was denied, suspended or revoked: _____

Is there an Assumed Name Certificate on file with the County Clerks Office for the business listed on this application? If yes, you must submit with this application a certified copy of the Assumed Name Certificate.
 yes no

The following documents and information must be submitted with a completed application:

- 1) If owner of the property, copy of the Deed
- 2) Lease agreement including any subleases
- 3) If a corporation, a certified copy of the Articles Of Incorporation. If other business entities, the documentation requested in this application
- 4) If you sell alcoholic beverages, a copy of the application submitted to the Texas Alcoholic Beverage Commission for permit and a copy of the license or permit

- 5) A copy of a sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business
- 6) A current criminal history (no older than 4 months) of all owners and spouses from the Department Of Public Safety
- 7) Any other documentation requested in this application

*******IMPORTANT: READ BEFORE SIGINING *******

Pursuant to Section 41A-4(e) of the Dallas City Code, if the licensee has obtained a Sexually Oriented Business license, the licensee must comply with the hours of operation requirement found in Section 41A-14.3(a) of the Dallas City Code. The possession of a Late-Hours permit issued pursuant to Section 14-3.1 of the Dallas City Code does not exempt the licensee of a Sexually Oriented Business license from the provisions of Section 41A-14.3(a) of the Dallas City Code. Dallas Police Department will seek criminal charges against you if you are found operating between 2:00 a.m. and 6:00 a.m. in violation of Section 41A-14.3, "Hours of Operation," of the Dallas City Code.

You are specifically reminded that the Dallas City Code Section 41a-4 states: If a person who wishes to operate a Sexually Oriented Business is an individual. He must sign the application for a license as applicant. If a person who wishes to operate a Sexually Oriented Business is other than an individual, each individual who is an officer of the business or who has a twenty (20) percent or greater ownership interest in the business must sign the application for a license as applicant. Each applicant must be qualified under section 41a-5, and each applicant shall be considered a licensee if a license is granted.

Your signature on this application will constitute an admission that you are now or will be, when and if license is issued, the owner of the business listed on this application, a partner whose partnership owns or will own the business listed, or a corporate office of a corporation which owns or will own the business listed, or an officer of any other type of business entity.

Your signature on this application will be taken as an admission that you have read and understand the application form and Chapter 41a-4 of the Dallas City Code.

If you do not receive your license within thirty (30) days, it is your responsibility to contact the Strategic Deployment Bureau, Licensing Squad at (214) 671-3230 to ask why your license has not been issued.

(Signature): _____ Title: _____

(Signature): _____ Title: _____

(Signature): _____ Title: _____

(Signature): _____ Title: _____

