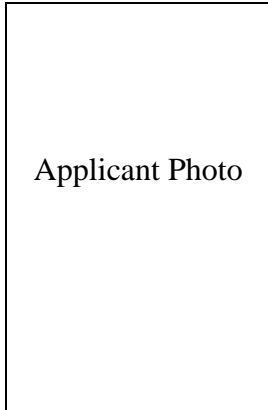


APPLICATION FOR SEXUALLY ORIENTED BUSINESSES (Employee)

SECTION I.

No person shall be employed in a sexually oriented business without a valid sexually oriented business employee license issued by [TOWNSHIP]. This application will not be processed unless all applicable questions have been answered and until cash, cashier's check, or money order in the amount of the applicable license fee or license renewal fee have been submitted. FEES ARE NONREFUNDABLE.

SECTION II.

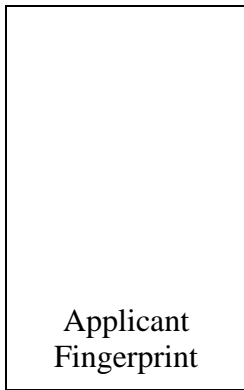


Name of Applicant: _____
Last First Middle

Alias(es) of Applicant: _____
Last First Middle
(Continue on back if necessary)

Current Physical Address: _____
Street Address City State Zip County

Mailing Address (if different from above): _____
Street Address City State Zip County



Telephone #: _____
Cell Home Work

Place and Date of Birth: _____ **Driver's License #:** _____

Social Security #: _____ **OR Tax Identification #:** _____

E-mail Address: _____

Sex of Applicant: Male Female

Race/National Origin of Applicant: White Hispanic American Indian/Alaskan Native

Other _____

Height: ____ ft. ____ in.

Weight: ____ lbs.

Hair Color: _____

Eye Color: _____

Please describe and identify the location of any tattoos on your face, arms, legs, or hands, or any other anatomical area that normally would be visible when you are on the premises of the proposed sexually oriented business.

SECTION III.

Name of Sexually Oriented Business: _____

Address: _____
Street Address City State Zip County

Mailing Address
(if different from above): _____
Street Address City State Zip County

Telephone #: _____

SECTION IV. THE FOLLOWING ARE TO BE ANSWERED “YES” OR “NO.”

(1) Have you ever been convicted of or plead guilty to any criminal offense, including, but not limited to, prostitution or promoting prostitution; soliciting; loitering to engage in solicitation; sexual performance by a child; public lewdness; indecent exposure; indecency with a child; sexual assault; molestation of a child; or any similar offenses to those described above under the criminal or penal code of any local jurisdiction, state, or country?..... YES NO
If yes, please include the criminal activity involved, the date, place, and jurisdiction of each such conviction.

(2) Have you held a previous license under [RESOLUTION XX] or other similar regulation of another jurisdiction denied, suspended, or revoked? YES NO
If yes, please include the name and location of the sexually oriented business, as well as the date of the action taken.

(3) Have you been a partner in a partnership or an officer, or fifty (50) percent or greater owner of a corporation licensed under [RESOLUTION XX] whose license has previously been denied, suspended, or revoked?..... YES NO
If yes, please include the name and location of the sexually oriented business, as well as the date of the action taken.

(4) Do you hold any other licenses under [RESOLUTION XX] or other similar regulation from this or another jurisdiction?..... YES NO
If yes, please provide the name and location of such other licensed businesses.

SECTION V.

Please Provide a statement detailing your sexually oriented business-related license history of the applicant for the previous five (5) years, including whether you previously operated or are seeking to operate a sexually oriented business, in this or any other jurisdiction.

NOTARIZATION

State of _____

SS.

County of _____

Under penalties of perjury, I, the undersigned, do hereby swear or affirm that this application and all attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by [Township]. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with [Township] or revocation of any license/registration granted by [Township], and could result in other legal action initiated against me, including but not limited to, criminal prosecution.

Signature of Applicant

Printed Name

Date

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

Seal or stamp must be affixed to original

Notary Public PRINTED Name

Notary Public SIGNATURE

My Commission Expires _____

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.