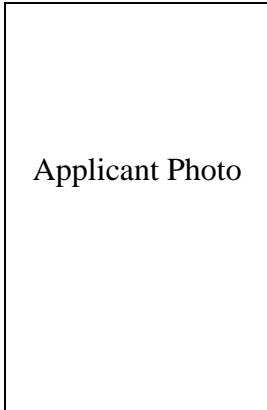


APPLICATION FOR SEXUALLY ORIENTED BUSINESSES (Individual Owner)

SECTION I.

No person shall operate a sexually oriented business without a valid sexually oriented business 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.

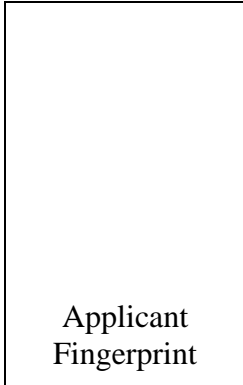


Name of Applicant: _____
Last First Middle

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

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 _____

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.

