



SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section I: INSTRUCTIONS

Hillsborough County Ordinance #06-25, Section 2 ½-44 requires any person operating a sexually oriented business in Hillsborough County to obtain a valid Sexually Oriented Business License.

- A. The Sexually Oriented Business License Application must be completed and submitted online. A confirmation number will be received as part of the online submittal. The Applicant must appear in person, at the office of the Hillsborough County’s Planning and Growth Management Department, located at the County Center. **NOTE:** Application may be accessed online at the Planning and Growth Management office or via private internet service providers.
- B. The completed application must include all documents under Section II: Submittal Requirements.
- C. Section 1: Applicant Information must be completed for all applications.
- D. Section 2: Business Information must be completed for all applications.
 - a. If applying as a Sole Proprietor, complete Section 2-A: Sole Proprietor.
 - b. If applying as a Partnership, complete Section 2-B: Partnership.
 - c. If applying as a Corporation, complete Section 2-C: Corporation.
 - d. If applying as a Limited Liability Company, complete Section 2-D: Limited Liability Company.
- E. Section 3: Management Information must be completed by each manager.
- F. Section 4: Applicant Background Information, subsections 4A, 4B, 4C, and 4D must be completed by ALL individuals named in this application including those individuals with influential interest.
- G. The individual submitting this application may do so as either an individual or as a designated representative of a business and file on behalf of the business.
- H. All individuals named as part of this application, are considered applicants, and must complete Section 4. Failure to do so will result in the application not being accepted.
- I. All signatures must be notarized.
- J. The person submitting the application must appear in person, and have their signature notarized at the time of filing.
- K. Individuals named on the application, other than the applicant, need not appear in person.
- L. Any application having any section not completed, signed, notarized, or otherwise, not completed, will not be accepted.

STAFF USE ONLY

Received	Approval/Intent to Deny Due (20) Days	Received By:	Payment Received:	Receipt No(s):
Date: Time:	Date:			

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section II: SUBMITTAL REQUIREMENTS

STAFF USE ONLY

YES	NO	Intake Initials	Requirements
_____	_____	_____	Has the application fee of eight hundred fifty dollars (\$850.00) payable by Visa, Mastercard, Discover, cash, money order or check payable to "Hillsborough County BOCC", been paid?
_____	_____	_____	Is the application form for a Sexually Oriented Business License complete with all signatures notarized?
_____	_____	_____	Has proof that applicant is over 18 years of age been provided? (Driver's License or Birth Certificate with a government issued picture ID).
_____	_____	_____	Is a recent photograph of each applicant included in the application?
_____	_____	_____	For a registered business, is a copy of state/federal permit showing corporate tax identification number (if applicable) included?
_____	_____	_____	Is a legal description of the property attached, where the sexually oriented business will be located, certified by a Florida Registered Surveyor?
_____	_____	_____	Is a sketch or diagram attached, showing the configuration of the premises including total floor space? Must be drawn to designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches. The sketch or diagram must also demonstrate compliance with the exterior security requirements of lighting and recorded surveillance. Applicants required to comply with Ordinance #06-25 Secs. 2½-54 and 2½-58 shall submit a diagram indicating that the interior configuration meets such requirements.
_____	_____	_____	<p>Is a scaled survey attached, prepared by a Florida Registered Surveyor demonstrating that the proposed business is at least 500 feet from any other sexually oriented business and at least 2,000 feet from any church, child care facility, public recreation area or any area zoned for residential use and at least 2,500 feet from any public or private school? Distances for each shall be measured from property line to property line.</p> <ul style="list-style-type: none"> - North arrow and scale (engineering scale to be used), - Property lines. - Surrounding area within 2,000 feet of the proposed sexually oriented business site, including all churches, child care facilities and public recreation areas, street rights-of-way, parcel lines, and zoning district boundaries/designations and schools within 2,500 feet straight-line distance. - Straight-line distance from the proposed sexually oriented business site to all churches, schools, child care facilities, public recreation areas and residentially zoned properties within said surrounding area. Said distance shall be measured from property line to property line. - Structures containing sexually oriented businesses within 500 feet of subject property, - Certification language as follows: <p>"This is to certify that a visual inspection has been made of all property for the following existing community uses: Churches/synagogues, child care facilities, public recreation areas or residential zoning districts within 2,000 feet straight-line distance and schools within 2,500 feet straight-line distance of the proposed sexually oriented business establishment site and those such findings are indicated on the survey. A visual inspection has also been made of all property for any existing sexually oriented business, as defined by the Hillsborough County Land Development Code, within 500 feet straight-line distance of the proposed sexually oriented business establishment, and such findings are indicated on the survey."</p>

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section II: SUBMITTAL REQUIREMENTS

STAFF USE ONLY

YES	NO	Intake Initials	Requirements
_____	_____	_____	<p>Is a Site Plan – One 8 ½ inch x 11 inch copy (or four copies if plan is larger) attached, containing the following:</p> <ul style="list-style-type: none">- Sexually Oriented Business Name,- Scale,- Name of project planner(s) and developer(s),- Date,- North arrow and scale (engineering scale to be used),- Legal description,- Existing and proposed buildings,- Structure height,- Structure square footage,- Access,- Parking areas (indicate total spaces),- Fences, walls, hedges,- Buffer areas,- Building entrance
_____	_____	_____	<p>Does the sexually oriented business, other than an adult motel, applying for a Sexually Oriented Business License exhibit on the premises, in a viewing room of less than three hundred fifty (350) square feet of floor space, a film, video cassette, or other visual reproduction characterized by an emphasis on the display of specified sexual activities or specified anatomical areas?</p> <p><input type="checkbox"/> NO No additional drawings required</p> <p><input type="checkbox"/> YES Provide a diagram, as required by Sections 2 ½ -54 and 2 ½ -58, containing the following:</p> <ul style="list-style-type: none">- Location of all operators' stations,- Viewing rooms,- Overhead lighting fixtures,- Lighting shall provide at least five (5.0) foot candles, as measured from the floor,- Video cameras and monitors installed for monitoring purposes,- Show all designated areas where patrons are not permitted,- Restrooms,- Conspicuous location where license, if granted, will be posted,- Drawn to scale,- North Arrow,- Accurate to within plus or minus six (6) inches.
_____	_____	_____	<p>Is Interior sketch/diagram attached with application?</p>

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section I: APPLICATION INFORMATION

Must be completed by each applicant filing this application

NOTE: Each applicant must be eighteen years or older. As proof of age, a copy of the applicants' driver's license, or a copy of their birth certificate along with a government issued photo ID must be submitted with the application.

Applicant's Name:		Phone:
Alias(es):		
Driver's License Number:	Date of Birth:	Other ID:
Mailing Address		
Street:		Zip Code:
City:		State:
Applying as an Individual		
I _____, the undersigned declares under penalty of perjury, under the law of the State of Florida, that the foregoing information set forth in this application and in its attachments is true and correct.		
Applying as Designated Applicant		
I _____, the undersigned declares that they are authorized by all general partners, officers, and directors in the business for which a license is being sought, and do individually declare under penalty of perjury under the laws of the State of Florida that the foregoing information set forth in the application and in its attachments is true and correct and hereby authorizes the filing of this application by the applicant.		
Corporation Name:		Phone:
Folio Number:		Corporate Tax ID Number:
List ALL individuals included as part of this application		
1.	9.	
2.	10.	
3.	11.	
4.	12.	
5.	13.	
6.	14.	
7.	15.	
8.	16.	
The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application.		
Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.		
Signature:		Date:
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	_____ Name of Notary
NOTARY SEAL	Commission Number:	_____ Signature of Notary Public State of Florida
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____		

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2:

BUSINESS INFORMATION

CLASSIFICATION(S) OF SEXUALLY ORIENTED BUSINESS (Check All that Apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Bookstores or Adult Video Store | <input type="checkbox"/> Adult Motion Picture Theater | <input type="checkbox"/> Sexual Device Shop |
| <input type="checkbox"/> Adult Cabaret | <input type="checkbox"/> Semi-nude Model Studio | <input type="checkbox"/> Sexual Encounter Center |
| <input type="checkbox"/> Adult Motel | | |

Does the sexually oriented business, other than an adult motel, applying for a sexually oriented business license exhibit on the premises, in a viewing room of less than three hundred fifty (350) square feet of floor space, a film, video cassette, or other visual reproduction characterized by an emphasis on the display of specified sexual activities or specified anatomical areas?

- YES The applicant **MUST** include a diagram as required by Sections 2 ½-54 and 2 ½-58.
 NO No additional drawings required.

FORM OF BUSINESS ENTITY (Check One):

- Individual** (Complete Sections 2A, 3, 4, and 5)
 Sole Proprietor (Complete Sections 2A, 3, 4, and 5)
 Partnership (Complete Sections 2B, 2-B-1 and 3. Each named individual must complete Sections 4, and 5)
 Corporation (Complete Sections 2C, 2-C-1 and 3. Each named individual must complete Sections 4, and 5)
 Limited Liability Company (Complete Sections 2D, 2-D-1 and 3. Each named individual must complete Sections 4 & 5)

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2-A: INDIVIDUAL or SOLE PROPRIETOR

Business Name:		Phone:
Mailing Address		
Street:		Zip Code:
City:		State:
Business Information (Physical Location)		
Business Name:		Phone:
Street:		Zip Code:
City:		State:
Folio Number:		
<p>I _____, the undersigned declare under penalty of perjury, under the law of the State of Florida, that the foregoing information set forth in this application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application.</p> <p>Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>		
Signature:		Date:
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	
NOTARY SEAL	Commission Number:	Name of Notary
		Signature of Notary Public State of Florida
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____		

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2-B:

PARTNERSHIP

Must be completed by ALL Partners

Partnership Name:		Business Name:	
Business Information (Physical Location)			
Business Name:		Phone:	
Street:		Zip Code:	
City:		State:	
Folio Number:		Corporate Tax ID:	
FL Dept of State, Div. of Corporations, Document Number:			
Mailing Address			
Street:		Zip Code:	
City:		State:	
List of Partners			
<p>I _____, the undersigned jointly declare that they constitute, collectively, all general partners, officers and directors in the business for which a license is being sought, and do individually declare under penalty of perjury, under the laws of the State of Florida, that the foregoing information set forth in the application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application.</p> <p>Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>			
Signature:		Date:	
STATE OF FLORIDA COUNTY OF HILLSBOROUGH		Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	
NOTARY SEAL		Commission Number:	
		Name of Notary	
		Signature of Notary Public State of Florida	
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2-B-1:

PARTNERSHIP

Must be completed by each individual partner)

Partnership Name:		Business Name:	
Partner's Name:		Phone:	
Alias(es):			
Driver's License Number:	Date of Birth:	Other ID:	
<p>I _____, the undersigned declares under penalty of perjury, under the law of the State of Florida, that the foregoing information set forth in this application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application. Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>			
Signature:		Date:	
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	Name of Notary	
NOTARY SEAL	Commission Number:	Signature of Notary Public State of Florida	
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

Are there additional partners? YES NO

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Section 2-C:

CORPORATION

Must be completed by ALL Officers

Corporation Name:		Phone:
Folio Number:	Corporate Tax ID:	
FL Dept of State, Div. of Corporations, Document Number:		
Physical Address		
Street:		Zip Code:
City:		State:
Mailing Address		
Street:		Zip Code:
City:		State:

Corporate Agent for Service of Processes		
Corporation Name:		
Agent Name:		Phone:
Mailing Address		
Street:		Zip Code:
City:		State:

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2-C-1:

CORPORATION

Must be completed by President of Corporation

2-C-1: Officers Application

Officers		
Corporation Name:		
President Name:		Phone:
Alias(es):		
Street:	Zip Code:	
City:	State:	
Driver's License Number:	Date of Birth:	Other ID:
<p>The undersigned jointly declare that they constitute, collectively, all general partners, officers and directors in the business for which a license is being sought, and do individually declare under penalty of perjury, under the laws of the State of Florida, that the foregoing information set forth in the application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application.</p> <p>Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>		
Signature:		Date:
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	_____ Name of Notary
NOTARY SEAL	Commission Number:	_____ Signature of Notary Public State of Florida
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____		

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2-C-1:

CORPORATION

Must be completed by Secretary of Corporation

2-C-1: Officers Application

Corporation Name:		
Secretary Name:		Phone:
Alias(es):		
Street:		Zip Code:
City:		State:
Driver's License Number:	Date of Birth:	Other ID:
<p>The undersigned jointly declare that they constitute, collectively, all general partners, officers and directors in the business for which a license is being sought, and do individually declare under penalty of perjury, under the laws of the State of Florida, that the foregoing information set forth in the application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application.</p> <p>Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>		
Signature:		Date:
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	_____ Name of Notary
NOTARY SEAL	Commission Number: _____	_____ Signature of Notary Public State of Florida
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____		

Are there additional Officers in the Corporation? YES NO

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2-C-1:

CORPORATION

Must be completed by all other Corporate Officers

2-C-1: Officers Application

Corporation Name:		
Name/Title:		Phone:
Alias(es):		
Street:		Zip Code:
City:		State:
Driver's License Number:	Date of Birth:	Other ID:
<p>The undersigned jointly declare that they constitute, collectively, all general partners, officers and directors in the business for which a license is being sought, and do individually declare under penalty of perjury, under the laws of the State of Florida, that the foregoing information set forth in the application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application. Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>		
Signature:		Date:
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	_____ Name of Notary
NOTARY SEAL	Commission Number:	_____ Signature of Notary Public State of Florida
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____		

Are there additional Officers in the Corporation? YES NO

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2-D:

LIMITED LIABILITY COMPANY

Must be completed by ALL Managing Partners

Limited Liability Company::		
Business Information (Physical Location)		
Business Name:	Phone:	
Street:	Zip Code:	
City:	State:	
Folio Number:	Corporate Tax ID:	
Mailing Address		
Street:	Zip Code:	
City:	State:	
List of Managing Partners		
<p>I _____, the undersigned jointly declare that they constitute, collectively, all general partners, officers and directors in the business for which a license is being sought, and do individually declare under penalty of perjury, under the laws of the State of Florida, that the foregoing information set forth in the application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application.</p> <p>Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>		
Signature:		Date:
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	_____
NOTARY SEAL	Commission Number:	Name of Notary
Personally Known _____ OR Produced Identification _____		Signature of Notary Public State of Florida
Type of Identification Produced _____		

Corporate Agent for Service of Processes	
Limited Liability Company Name:	
Agent Name:	Phone:
Mailing Address	
Street:	Zip Code:
City:	State:

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 2-D:

LIMITED LIABILITY COMPANY

Must be completed by ALL Managing Partners

2-D-1: Managing Partner Application:

Limited Liability Company:		Business Name:	
Managing Partner's Name:		Phone:	
Alias(es):			
Driver's License Number:		Date of Birth:	Other ID:
<p>I _____, the undersigned declares under penalty of perjury, under the law of the State of Florida, that the foregoing information set forth in this application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application.</p> <p>Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>			
Signature:		Date:	
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____		Name of Notary
NOTARY SEAL	Commission Number:		Signature of Notary Public State of Florida
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____			

Are there any additional Managing Partners in the LLC? YES NO

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 3: MANAGEMENT INFORMATION

A copy of this section must be completed by ALL Managers

NOTE: Each applicant must be eighteen years or older. As proof of age, a copy of the applicants driver's license, or a copy of their birth certificate along with government issued photo ID must be submitted with the application.

Business Name:		
Manager's Name:		Phone:
Alias(es):		
Driver's License Number:	Date of Birth:	Other ID:
<p>I _____, the undersigned declares under penalty of perjury, under the law of the State of Florida, that the foregoing information set forth in this application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.</p> <p>The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application. Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.</p>		
Signature:		Date:
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	_____
NOTARY SEAL	Commission Number:	Name of Notary
		Signature of Notary Public State of Florida
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____		

Are there additional Managers in the business? YES NO

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 4: APPLICANT BACKGROUND INFORMATION

A copy of this section must be completed by each named individual and any individual with influential interest not identified elsewhere in this application. "Influential Interest" means any of the following: (1) the actual power to control the operation, management, policies, or premises of a business entity, including the power exercised by an "operator" as defined by this ordinance, or (2) holding an office (e.g. president, vice-president, secretary, treasurer, etc.) or directorship in a legal entity which operates a sexually oriented business. (Section 2 ½-42: Definitions.)

NOTE: Each applicant must be eighteen years or older. As proof of age, a copy of the applicants driver's license, or a copy of their birth certificate along with government issued photo ID must be submitted with the application.

Business Name:		Folio Number:
Name (Last, First, Middle):		Phone:
Alias(es):		
Street:		Soc. Security Nbr.:
City:	State:	Zip Code:
Driver's License Number:	Date of Birth:	Other ID:

A. Has the applicant or any other individual identified in the application, excluding any agent for service of process who is not also listed as a director or officer, had an influential interest in any sexually oriented business for which a Hillsborough County Sexually Oriented Business License has been denied, suspended, or revoked? (If yes, list the name and location of the subject sexually oriented business and the date of denial, suspension or revocation) YES NO

Business Name	Location	Date

B. Has the applicant or any other individual identified in the application, excluding any agent for service of process who is not also listed as a director or officer, ever been convicted of or plead guilty or nolo contendere to a specified criminal activity as defined in Hillsborough County Ordinance #06-25. If so, state each specified criminal activity involved, the date, place, and jurisdiction of each as well as the dates of conviction and release from confinement, where applicable. YES NO

Specific Criminal Activity	Jurisdiction	Conviction Date	Release Date

C. In the previous five (5) years has the applicant or any other individual identified, excluding any agent for service of process who is not also listed as a director or officer, in the application had an influential interest in any sexually oriented business, and for conduct occurring when the applicant has the influential interest and had knowledge of the conduct: been declared by a court of law to be a nuisance; or been subject to a court order of closure or padlocking? YES NO

Business Name	Location	Case Number	Date

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 4: APPLICANT BACKGROUND INFORMATION

D. Applicant Signature

I _____, the undersigned declares under penalty of perjury, under the law of the State of Florida, that the foregoing information set forth in this application and in its attachments is true and correct, and hereby authorizes the filing of this application by the applicant referenced above in Section 2.

The undersigned acknowledges that a background check is required under Hillsborough County Ordinance #06-25 and hereby authorizes Hillsborough County and their assigns permission to complete such background check as part of this application.

Information provided pursuant to Hillsborough County Ordinance #06-25 Sec. 2 ½-44 Article (C1) through (C8) shall be supplemented in writing by certified mail, return receipt, to the County Administrator's Office within ten (10) working days of a change of circumstances which would render the information originally submitted to be false or incomplete.

Signature:		Date:
STATE OF FLORIDA COUNTY OF HILLSBOROUGH	Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____	Name of Notary
NOTARY SEAL	Commission Number:	Signature of Notary Public State of Florida
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____		

OFFICE USE ONLY

E. Background Check (Conviction of criminal offenses within the past five (5) years).

Yes	No	Offense	Date
<input type="checkbox"/>	<input type="checkbox"/>	Were any convictions found?	
<input type="checkbox"/>	<input type="checkbox"/>	Fla. Stat. §794.011 (Sexual Battery)	
<input type="checkbox"/>	<input type="checkbox"/>	Fla. Stat. §796.03 through §796.07 (Prostitution offenses)	
<input type="checkbox"/>	<input type="checkbox"/>	Fla. Stat. §800.04 (Lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age)	
<input type="checkbox"/>	<input type="checkbox"/>	Fla. Stat. Ch. 847 (Obscenity offenses)	
<input type="checkbox"/>	<input type="checkbox"/>	Fla. Stat. §893.13 (Controlled substance offenses)	
<input type="checkbox"/>	<input type="checkbox"/>	Fla. Stat.Ch. 895 (Offenses concerning racketeering and illegal debts)	
<input type="checkbox"/>	<input type="checkbox"/>	Has any sexually oriented business in which the Applicant had an influential interest in the previous five (5) years has, for conduct occurring when the applicant with the influential interest and had knowledge of the conduct: a. Been declared by a court of law to be a nuisance; or b. Been subject to a court order of closure or padlocking	
Signature of Reviewing Party		Date	DEPARTMENT'S DATE STAMP
Name and Title of Reviewing Party			

Applicant's Thumb Print <input type="checkbox"/> Right <input type="checkbox"/> Left	
--	--

SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION

Section 5: DETERMINATION OF APPLICATION

STAFF USE ONLY

A Sexually Oriented Business License shall only be issued if the applicant meets all ordinance requirements.

Yes	No	Section 2 ½-45. Issuance of a License.
<input type="checkbox"/>	<input type="checkbox"/>	1. Is the Applicant 18 years of age or older?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has the applicant provided all information as required by Sec. 2 ½-44 for issuance of a license and truthfully answered questions or requests for information on the application form?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has the license application fee been paid?
<input type="checkbox"/>	<input type="checkbox"/>	4. Is the sexually oriented business in compliance with the interior configuration requirements and in compliance with locational requirements of the Hillsborough County Land Development Code? A sexually oriented business that previously has been granted and holds an active, valid adult use special use permit as of the effective date of the Sexually Oriented Business Ordinance shall be deemed to be in compliance with locational requirements of the Hillsborough County Land Development Code.
<input type="checkbox"/>	<input type="checkbox"/>	5. No sexually oriented business in which the Applicant has had an influential interest in the previous five (5) years has, for conduct occurring when the applicant had the influential interest and had knowledge of the conduct: a. Been declared by a court of law to be a nuisance; or b. Been subject to a court order of closure or padlocking
<input type="checkbox"/>	<input type="checkbox"/>	6. The applicant has not been convicted of or plead guilty or nolo contendere to a specified criminal activity, as defined in Hillsborough County Ordinance #06-25.
<input type="checkbox"/>	<input type="checkbox"/>	7. The background check shows no criminal activity as specified by Hillsborough County Ordinance #06-25.

Comments:

Staff Recommendation: APPROVE DENY

Reviewed By: _____ (Signature) Date: _____

Print Name & Title: _____

APPROVED DENIED

Approved By: _____ (Signature) Date: _____

Print Name: _____
County Administrator