



SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE APPLICATION

Section I: INSTRUCTIONS

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

A. The Sexually Oriented Business Employee 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 with their online confirmation number, at the office of the Hillsborough County Planning and Growth Management Department, located at County Center, 601 E. Kennedy Blvd., Tampa, Florida.

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 A-D Only: Applicant Background Information must be completed by **ALL** individuals applying for a Sexually Oriented Business Employee License.
- D. All signatures must be notarized.
- E. The person submitting the application must appear in person, with required identification, and have their signature notarized at the time of filing.
- F. All applications must be complete. Incomplete applications will not be accepted or processed.

STAFF USE ONLY

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

SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE APPLICATION

Section II:

SUBMITTAL REQUIREMENTS

STAFF USE ONLY

YES	NO	Intake Initials	Requirements
_____	_____	_____	Has the application fee of one hundred fifty dollars (\$150.00) 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 Employee License complete with all signatures notarized?
_____	_____	_____	Has proof that applicant is 18 years of age or older been provided? (Driver's License or Birth Certificate with a government issued picture ID).
_____	_____	_____	Recent photograph of the applicant included with the application?
_____	_____	_____	Has the applicant provided their thumb print in Section 1E: Background Check?

SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE APPLICATION

Section 1: APPLICANT BACKGROUND INFORMATION

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 attached.

Applicant's Name:		Phone:
Alias(es):		Soc. Security Nbr.:
Driver's License Number:	Date of Birth:	Other ID:
Mailing Address		
Street:		Zip Code:
City:		State:

A. Has the applicant 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 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 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 EMPLOYEE LICENSE APPLICATION

Section 1: 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.

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)	
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 EMPLOYEE LICENSE APPLICATION

Section 2: DETERMINATION OF APPLICATION

STAFF USE ONLY

A Sexually Oriented Business Employee 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 has 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. No sexually oriented business in which an 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: <ul style="list-style-type: none"> 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"/>	5. 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"/>	6. 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