

City

State

Zip Code

8. Applicant's Business Phone Number:

() _____

9. Applicant's Social Security Number: _____

10. Citizenship and Place of Birth of Applicant:

11. If a Naturalized Citizen, the Time and Place of Applicant's Naturalization:

12. Length of Time Applicant has been in the Business of Adult Entertainment Establishment Manager: _____

13. Names of each governmental body from which the Applicant has received a license or other authorization to perform, work or provide services substantially the same as an Adult Entertainment Establishment Manager, within five (5) years immediately prior to the date of the present application _____

14. Have you been convicted of, or participated in a diversion of, any Morals Charge as defined in the Sedgwick County Adult Entertainment Code, OR ANY FELONY within five (5) years immediately preceding the date of this application? _____ YES _____ NO

If YES, provide the conviction date, the case number, the nature of the violation(s) or offense(s), and the name and location of the court.

15. Have you been convicted of, or participated in a diversion of, any violation of a provision of the Sedgwick County Adult Entertainment Code or similar provisions of previously enacted Sedgwick County resolutions within three (3) years immediately preceding the date of this application? _____ YES _____ NO

If YES, provide the conviction date, the case number, the nature of the violation(s) or offense(s), and the name and location of the court.

16. List all pending cases involving alleged violations of Morals Charges, as defined in the Sedgwick County Adult Entertainment Code, or violations of this Adult Entertainment Code or of similar provisions of previously enacted Sedgwick County resolutions.

17. Have you ever had an Adult Entertainer License or other authorization to perform, work, or provide services substantially the same as an Adult Entertainer License revoked or suspended? _____ YES _____ NO

If YES, provide the date and grounds for each such revocation or suspension, and the name and location of the licensing jurisdiction.

18. Attach four (4) photographs of the applicant measuring two (2) inches by two (2) inches in size, taken within thirty (30) days immediately preceding the date of this application.

19. Attach written proof that applicant is 18 years of age or older (ex. Driver's License, Birth Certificate).

21. State of Kansas)
Sedgwick County) ss:

I, _____, the above named applicant, do solemnly swear or affirm that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I do solemnly swear or affirm that I have read and understand the Sedgwick County Adult Entertainment Code, I am familiar with its terms and conditions, and I am acting and shall act in compliance therewith.

Further, I hereby authorize any official of Sedgwick County to conduct any and all investigations deemed necessary, including criminal background checks, to determine whether I am eligible for the license applied for herein.

Further, I understand submittal of my application and payment of application fees **DOES NOT** grant temporary license privileges. Temporary license privileges **ARE NOT** provided for under the Sedgwick County Code.

Signature of Applicant Date

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

Notary Public Date

My Commission Expires: _____