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| Application No.   |  |
| Application Must be Made in <b><i>Triplicate</i></b><br>to the County Clerk's Office                              |  |
| <b>ADULT ENTERTAINER LICENSE APPLICATION<br/>ESCORT/ESCORT RUNNER/ADULT PERFORMER<br/>SEDGWICK COUNTY, KANSAS</b> |  |

Attach Photographs Above

**Failure to complete this application in its entirety and provide ALL required documents and fees will result in the return of the application to the applicant pursuant to Section 17-702D of the Sedgwick County Adult Entertainment Code.**

- \_\_\_\_\_ Original Application \_\_\_\_\_ Renewal Application
- Type of Adult Entertainer License Applying for:  
 \_\_\_\_\_ Escort \_\_\_\_\_ Escort Runner \_\_\_\_\_ Adult Performer

**Administrative Processing Fee is \$50.00 for each type of License being applied for and shall be paid at the time this license application is submitted to the County Clerk's Office.**

- Applicant's Legal Name and All Aliases (the term 'aliases' includes, but is not limited to: any and all stage names; any and all nicknames; any and all maiden names):  
 \_\_\_\_\_
- Applicant's Date of Birth: \_\_\_\_\_
- Applicant's Residential Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Applicant's Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Applicant's Residential Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_
- Applicant's Business Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

9. Applicant's Business Phone Number: (\_\_\_\_) \_\_\_\_\_

10. Applicant's Social Security Number: \_\_\_\_\_

11. Citizenship and Place of Birth of Applicant: \_\_\_\_\_

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

13. Length of Time Applicant has been in the Business of Escort/Escort Runner/Adult Performer: \_\_\_\_\_

14. 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 Entertainer, within five (5) years immediately prior to the date of the present application:  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you been convicted of, pleaded nolo contendere to, or been on diversion for 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have you been convicted of or pleaded nolo contendere to any violation of a provision of the Sedgwick County Adult Entertainment Code or similar provisions of previously enacted Sedgwick County resolutions within six (6) months 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. 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.

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18. 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.

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19. 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.

20. Attach written proof that applicant is 18 years of age or older (ex. Driver's License, Birth Certificate) and a second form of identification confirming the identification of the applicant.

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 dancer 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:

For Official Use Only

**County Clerk's Office**

\_\_\_\_\_ Date Application Received \_\_\_\_\_ In Person \_\_\_\_\_ By Mail \_\_\_\_\_ Other

\_\_\_\_\_ Date Incomplete Application Returned To Applicant

Basis for Incomplete Determination: (i.e. failure to provide required documents, fees, etc.)

\_\_\_\_\_ Date Application Submitted to Sheriff's Office

\_\_\_\_\_ Date Application & Report Returned From Sheriff's Office

\_\_\_\_\_ Date Application & Sheriff's Report Submitted to County Counselor for Review

\_\_\_\_\_ Date Application & Sheriff's Report Returned by County Counselor

\_\_\_\_\_ Date Application Approved (must be approved by Clerk, Sheriff, & County Counselor)

\_\_\_\_\_ Date Application Denied

\_\_\_\_\_ Date Notice of Approval Mailed to Applicant

\_\_\_\_\_ Date Notice of Denial Mailed to Applicant

State basis for denial below. Attach separate sheet(s) if necessary.

**Sheriff's Office**

\_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_ Initials

\_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Initials

State basis for denial below. Attach separate sheet(s) if necessary.

**County Counselor's Office**

\_\_\_\_\_ Approved \_\_\_\_\_ Date \_\_\_\_\_ Initials

\_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Initials

State basis for denial below. Attach separate sheet(s) if necessary.

