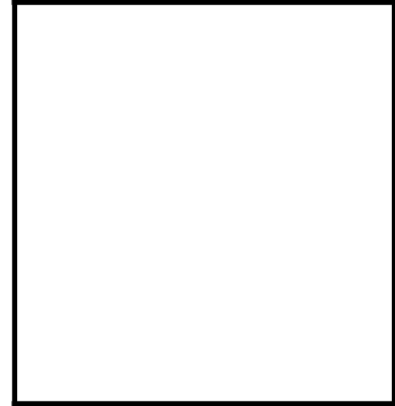


Application No. _____

Application must be made in Triplicate
To the County Clerk's Office



Attach Photographs Above

ADULT ENTERTAINMENT ESTABLISHMENT LICENSE APPLICATION
SEDGWICK COUNTY, KANSAS

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 17-602D of the Sedgwick County Adult Entertainment Code. See Sedgwick County Code Section 17-503 for definition of terms.

BUSINESS NAME and ADDRESS _____

Original Application _____ Renewal Application _____

Check license category for which this application is being made (See Section 17-601H regarding limitation on number of licenses):

_____ Adult Cabaret

_____ Adult Hotel

_____ Adult Store

_____ Adult Theater

_____ Escort Service

Administrative Processing Fee is \$500.00 for each type of license being applied for and shall be paid at the time this application is submitted to the County Clerk's Office.

Inspection Fees: Onsite inspection fees for a new or renewal license are \$50 per Reviewing Department Inspection. These fees are to be paid BY CHECK ONLY. Three checks shall be submitted with this application and shall be made payable to the following Reviewing Departments: Sedgwick County MABCD; Sedgwick County Health Department; and Sedgwick County Fire Department. CASH WILL NOT BE ACCEPTED FOR THESE FEES. YOU MUST CONTACT THE REVIEWING DEPARTMENTS TO SCHEDULE INSPECTIONS.

Re-inspection Fees: 50% of the initial inspection fees payable to the Reviewing Department. Re-inspection fees will be assessed each time a Reviewing Department returns for a re-inspection prior to the issuance of a new or renewal license. APPLICANT MUST CONTACT THE REVIEWING DEPARTMENTS TO RESCHEDULE INSPECTIONS.

Inspection fees are non-refundable.

If applicant is an Individual, continue to Section A.

If applicant is a Corporation, skip to Section B.

If applicant is a Partnership, Joint Venture, etc., skip to Section C.

If applicant is a Trust, skip to Section D.

A. INDIVIDUAL

A1. Applicant's legal name and all aliases: _____

A2. Applicant's social security number: _____

A3. Applicant's driver license number and state of issuance: _____

A4. Applicant's residential address: _____

City State Zip Code

A5. Applicant's mailing address: _____

City State Zip Code

A6. Applicant's residential phone number: (____) _____

A7. Applicant's business address: _____

City State Zip Code

A8. Applicant's business phone number: (____) _____

A9. Attach written proof that the applicant is at least 18 years of age (ex. Driver's License, Birth Certificate).

A10. Attach written proof of citizenship and the place of birth of the applicant. If the applicant is a naturalized citizen, provide the time and place of applicant's naturalization.

SKIP TO SECTION E.

B. CORPORATION

B1. Applicant's complete corporate name: _____

B2. Applicant Corporation's official business address: _____

City State Zip Code

B3. Applicant's mailing address: _____

City State Zip Code

B4. Legal name, all aliases, age, business addresses, and social security number of ALL directors, officers, and managers of the corporation, every Person owning or controlling more than five (5) percent of the voting shares of the corporation, and the individual(s) signing this application on behalf of the corporation. If a corporation or partnership is an interest holder in the applicant corporation, applicant must provide the above-required information for each interest holder of such corporation or partnership. Attach separate sheet(s) if necessary.

(Certificate of Good Standing may be obtained from Secretary of State in the state where incorporated)

B5. Applicant Corporation's date and place of incorporation: _____

B6. Objects for which corporation was formed: _____

B7. Name of registered corporate agent: _____

B8. Address of registered office for service of process: _____

City State Zip Code

B9. Attach proof that the applicant corporation is a corporation in good standing and is authorized to conduct business in the state of Kansas.

B10. Attach copy of corporate resolution designating the individual(s) authorized to bind, and sign on behalf of, the corporation for purposes of submitting an application and/or operating an Adult Establishment pursuant to the provisions of the Adult Entertainment Code.

SKIP TO SECTION E.

C. PARTNERSHIPS (General or Limited), JOINT VENTURES, or any other type of organization where two or more persons share in the profits and liabilities of the organization.

C1. Applicant organization's complete name: _____

C2. Official business address: _____

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

C3. Applicant's mailing address: _____

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

C4. Legal name, all aliases, date of birth, business addresses, and social security numbers of EACH partner* and the individual(s) signing this application on behalf of the partnership, joint venture, etc. If a corporation or partnership is an interest holder in the applicant partnership, joint venture, etc., applicant must provide the above-required information for each interest holder of such corporation or partnership. Attach separate sheet(s) if necessary.

*Any Person who leases the Licensed Premises upon terms which result in the lessor having a beneficial interest in the Adult Establishment shall be deemed to be a partner. A lessor shall be deemed to have a beneficial interest if the lessor receives a percentage of the Adult Establishment's receipts or profits.

D. TRUST

D1. Applicant Trust's complete name: _____

D2. Official Trust address: _____

City State Zip Code

D3. Applicant Trust's mailing address: _____

City State Zip Code

D4. Legal name, all aliases, date of birth, business addresses, and social security numbers of EACH Beneficiary of Trust, EACH Trustee and the individual signing this application on behalf of the trust. Attach separate sheets if necessary.

D5. Attach the document creating the trust.

E. Describe the general character and nature of the applicant's business or proposed business.

F. Length of time the applicant has been in the business of the character described in paragraph "E". _____

G. The location, including street address, legal description, mailing address and telephone number of the premises for which the Adult Establishment License is sought:

H. Specific name, telephone number(s), and hours of operation of the business to be operated should this application be approved.

- I. Identify and provide the information required in paragraphs A, B, Cor D of this application for each owner of the proposed Licensed Premises for which the Adult Entertainment License is sought. Attach separate sheet(s) if necessary.
- J. Attach a diagram showing ALL internal and external configurations of the proposed Licensed Premises for which this License is being submitted. The diagram shall include all doors, windows, entrances, exits, the fixed structural internal features of the proposed Licensed Premises, plus the interior rooms, walls, partitions, stages, performance areas, and restrooms, and shall meet the requirements of Section 17-602C.8 of the Sedgwick County Adult Entertainment Code.
- K. List the names of each governmental body from which, within five (5) years immediately prior to the date of this application, the applicant, or any of the Persons identified in this application, has received a license or other authorization to conduct or operate a business (a) substantially the same as an Adult Establishment, and the names and addresses of each such business; (b) requiring a federal, state, or local liquor license; or (c) requiring a federal, state, or local gaming license. Attach separate sheet(s) if necessary.
- L. Attach a copy of each Adult Establishment License, cereal malt beverage license, liquor license, and gaming license currently held by the applicant, or any of the Persons identified in this application.
- M. List all other locations, including the legal description and address of each location, at which the applicant operates an Adult Establishment, or is licensed to sell or serve cereal malt beverages or alcoholic liquor. Attach separate sheet(s) if necessary.
- N. Has the applicant, or any of the individuals identified in this application, within ten (10) years immediately preceding the date of this application, been convicted of, or participated in a diversion of, any Morals Charge or felony? YES NO

If YES, the applicant or other individual shall provide, for each violation, the conviction or diversion date, the case number, the nature of the violation(s) or offense(s), and the name and location of the court. Provide information on a separate sheet of paper.

- O. Has the applicant, or any of the individuals identified in this application, within three (3) years immediately preceding the date of this application, been convicted of, pleaded nolo contendere to, or participated in a diversion for, any violation of a provision of this Adult Entertainment Code or similar provisions of previously enacted Sedgwick County resolutions? YES NO

If YES, the applicant shall provide, for each violation, the conviction or diversion date, the case number, the nature of the violation(s) or offense(s), and the name and location of the court. Provide information on a separate sheet of paper.

P. For the applicant or any individual identified in the application, list all pending cases involving 1) alleged violations of Morals Charges, including the nature of the alleged violation, date of offense, and the name and location of the jurisdiction in which said violation is alleged to have occurred; and 2) alleged violations of the Adult Entertainment Code, including the nature of the alleged violation and the date of offense. Provide information on a separate sheet of paper.

Q. Has the applicant or any of the individuals identified in this application had a license or other authorization to conduct or operate a business substantially the same as an Adult Establishment or any business requiring a liquor, cereal malt beverage or gaming license, revoked or suspended? _____YES _____NO

If YES, the applicant or other individual shall provide, for each violation, the date and grounds for each such revocation or suspension, and the name and location of the establishment at issue. Provide information on a separate sheet of paper.

R. Name of individual(s) who shall be the day-to-day, on-site manager(s) of the proposed Adult Establishment. If any manager is other than the applicant of this application, the applicant shall provide, for each such manager, the following information. If necessary, attach additional sheet(s) for each manager.

R1. Legal name of Manager: _____

R2. All aliases of Manager: _____

R3. Manager's residential address: _____

City State Zip Code

R4. Manager's residential telephone number: (____) _____

R5. Manager's business address: _____

City State Zip Code

R6. Manager's business telephone number: (____) _____

R7. Manager's social security number: _____

R8. Attach written proof that Manager is at least 18 years of age (ex. Driver's License, Birth Certificate).

CORPORATION OATH

I, _____, do solemnly swear or affirm that I am designated by corporate resolution to bind and sign on behalf of the above named applicant corporation. I further solemnly swear or affirm that I have read the contents of this application and that all information and answers herein contained or attached hereto are complete, true and correct. 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, and the applicant corporation for which I am signing, are acting and shall act in compliance therewith, and the premises and business for which a license is being sought are and shall remain in compliance with the Adult Entertainment Code. I further do solemnly swear or affirm that all individuals identified as managers in Section R have the authority to act on my behalf and on behalf of the applicant corporation, and that such individuals shall perform their on-site duties under my direct supervision and control as well as that of the applicant corporation.

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 and the applicant corporation on whose behalf I am applying are eligible for the license applied for herein.

Signature of Applicant

Date

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

Notary Public

Date

My Commission Expires:

PARTNERSHIP, JOINT VENTURE, ETC. OATH

I, _____, do solemnly swear or affirm that I am entitled to share in the profits of, have unlimited personal liability for the obligations of, and the right to bind and sign on behalf of the above named applicant organization. I further solemnly swear or affirm that I have read the contents of this application and that all information and answers herein contained or attached hereto are complete, true and correct. 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, and the applicant organization for which I am signing, are acting and shall act in compliance therewith, and the premises and business for which a license is being sought are and shall remain in compliance with the Adult Entertainment Code. I further do solemnly swear or affirm that all individuals identified as managers in Section R have the authority to act on my behalf and on behalf of the applicant organization, and that such individuals shall perform their on-site duties under my direct supervision and control as well as that of the applicant organization.

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 and the applicant organization on whose behalf I am applying are eligible for the license applied for herein.

Signature of Applicant

Date

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

Notary Public

Date

My Commission Expires:

TRUST OATH

I, _____, do solemnly swear or affirm that I am the trustee of the above named trust, entitled to bind, and sign on behalf of, said applicant trust. I further solemnly swear or affirm that I have read the contents of this application and that all information and answers herein contained or attached hereto are complete, true and correct. 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, and the applicant trust for which I am signing, are acting and shall act in compliance therewith, and the premises and business for which a license is being sought are and shall remain in compliance with the Adult Entertainment Code. I further do solemnly swear or affirm that all individuals identified as managers in Section R have the authority to act on my behalf and on behalf of the applicant trust, and that such individuals shall perform their on-site duties under my direct supervision and control as well as that of the applicant trust.

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 and the applicant trust on whose behalf I am applying are eligible for the license applied for herein.

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:

_____ Date Application Submitted to Sheriff's Department

_____ Date Application & Report Returned From Sheriff's Department

_____ Date Submitted to Health Department

_____ Date Returned from Health Department

_____ Date Submitted to Fire Department

_____ Date Returned from Fire Department

_____ Date Submitted to MABCD

_____ Date Returned from MABCD

_____ Date Application, Sheriff's Report, & Inspection Reports Submitted to County Counselor for Review

_____ Date Application, Sheriff's Report, & Inspection Reports Returned by County Counselor

_____ Date Application Approved (application must be approved by Clerk, Sheriff, Health, Fire, Code Enforcement & 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.

Health Department

_____ Approved _____ Date _____ Initials
_____ Denied _____ Date _____ Initials

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

MABCD

_____ Approved _____ Date _____ Initials
_____ Denied _____ Date _____ Initials

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

Fire Department

_____ 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.
