

KNOX COUNTY, TENNESSEE

**APPLICATION FOR LICENSE TO OPERATE
A SEXUALLY ORIENTED BUSINESS**

1. Applicant's full true name: _____

State whether you are (circle one):

an individual (**complete Section A and D**)

a partnership (**complete Section B and D**)

a corporation or limited liability company (**complete Section C and D**)

A. 1. State your full legal name: _____

2. State any other names/aliases used in the last five years: _____

3. Current business/mailling address: _____

4. Are you over 18 years of age?

Yes

No

Attach written proof of age (current driver's license OR a copy of your birth certificate accompanied by a picture identification document issued by a government agency)

B. 1. State full name of partnership: _____

2. Identify all persons with an influential interest (see Ordinance Sec. 2), including all names/aliases used by them in the last five years:

3. Business/ mailing address(es) of persons identified in B.2 above: _____

For each person listed in B.2 above, attach written proof of age (current drivers' license OR a copy of birth certificate accompanied by a picture identification document issued by a government agency)

[If additional space is needed, check here ____ and respond further on a separate sheet.]

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- C. 1. State full name of corporation or LLC: _____

2. Business address: _____

3. Identify all persons with an influential interest (see Ordinance Sec. 2), including all names/aliases used by them in the last five years:

4. Business/ mailing address(es) of persons identified in C.3 above: _____

For each person identified in C.3 above, attach proof of age (current driver's license OR a copy of birth certificate accompanied by a picture identification document issued by a government agency)

[If additional space is needed, check here ____ and respond further on a separate sheet.]

D. 1. Please state the name of the sexually oriented business: _____

2. Please state the name and business address of the statutory agent or other agent authorized to receive service of process:

Name: _____

Address: _____

3. Has any person identified in response to section A, B, or C been convicted of or pled guilty or nolo contendere to a specified criminal activity? [See definition of "specified criminal activity" attached to this application form.]

Yes No

If yes, then for each such conviction, guilty plea, or plea of nolo contendere, state:

a) The person and the offense: _____

b) Court in which charged: _____

c) The date of conviction or plea: _____

d) The place of conviction or plea: _____

e) Date of release from confinement: _____

[If additional space is needed, check here ____ and respond further on a separate sheet.]

4. Has any person identified in response to section A, B, or C had an influential interest in a sexually oriented business that, in the past five years, has been declared by a court of law to be a nuisance or has been subject to a court order requiring closure or padlocking of the business (for conduct of which the applicant had knowledge and that occurred when he/she had such influential interest)? [See Ord. Sec. 4(c)(7)]

Yes No

If yes, state:

- a) Person and name of business: _____

- b) City, county, and state where such business is/was located: _____

- c) Court and date of court's order: _____

[If addition space is needed, check here ____ and respond further on a separate sheet.]

5. Location of sexually oriented business:

Street address: _____

Mailing address (if different): _____

Phone number: _____

Legal description of property: _____

You must attach a sketch or diagram showing the configuration and total floor space of the premises. The sketch for businesses offering activities covered by Section 14 and 18 of the Ordinance must contain the information required in those sections (configuration of booths, location of stage, location of manager's station(s)). The sketch need not be professionally prepared but must be drawn to scale and be accurate to plus or minus 6 inches.

6. Circle which fee/amount is attached: [See Section 6 of the Ordinance.]

\$100 initial fee for sexually oriented business license

\$50 annual renewal fee for sexually oriented business license

7. Certification

By signing the following, I/we agree and certify:

- A. To supplement the information contained in this application within ten (10) business day of any changes in application information.
- B. That the information contained herein is true, complete and correct.

This application must be signed by each individual identified in response to sections A, B, and C.

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

For purposes of this application, “*specified criminal activity*” means:

(a) any of the following specified crimes for which less than five years elapsed since the date of conviction or the date of release from confinement for the conviction, whichever is the later date:

- (1) rape, aggravated rape, aggravated sexual assault, public indecency, statutory rape, rape of a child, sexual exploitation of a minor, indecent exposure;
- (2) prostitution, patronizing prostitution, promoting prostitution;
- (3) obscenity;

(b) any attempt, solicitation, or conspiracy to commit one of the foregoing offenses; or

(c) any offense in another jurisdiction that, had the predicate act(s) been committed in Tennessee, would have constituted any of the foregoing offenses.