

KNOX COUNTY, TENNESSEE

**APPLICATION FOR SEXUALLY ORIENTED BUSINESS
EMPLOYEE LICENSE**

1. Applicant's full true name: _____
2. Any other names/aliases used in the last five years: _____ - _____

3. Current business/mailling address: _____

4. Is written proof of age (driver's license OR a copy of your birth certificate accompanied by a picture identification document issued by a governmental agency) attached?

Yes No

Are you 18 years of age or older?

Yes No
5. Have you 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 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.]

6. Have you 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 you had knowledge and that occurred when you had such influential interest)?

[See Ord. Sec. 4(c)(7)]

Yes

No

If yes, state:

a) Name of Business: _____

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

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

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

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

\$50 initial fee for sexually oriented business employee license

\$25 annual renewal fee for sexually oriented business employee license

By signing this application, you represent that the information contained herein is true, complete, and accurate. This application must be notarized. You must file this application in person. You are responsible to supplement the information provided on this form within ten (10) working days of a change of circumstances which would render the information originally submitted false or incomplete, and you must make such supplementation in writing be certified mail, return receipt requested, to the Clerk's Office.

Signature: _____

Date: _____

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.