

**APPLICATION
FOR SEXUALLY ORIENTED BUSINESS LICENSE
Charlotte County, Florida**

INSTRUCTIONS

1. Read and understand Charlotte County Code, Chapter 1-10, Article V, and Sections 3-9-2 and 3-9-73. [Ordinances Nos. 99-036 and 99-037.] Refer to the definition sections of these codes for the definitions of certain terms used in this application.

2. Complete all sections of the application. If you have any questions, contact the Community Development Department 941. 743.1201. Type or print carefully. If any entry is not legible, the application may be returned for completion or correction, which may result in delay. See: Charlotte County Code, Section 1-10-122(d).

3. Pay the applicable fees pursuant to Resolution No.99-0960A0:

(a) Include a NON-REFUNDABLE application fee of \$125. This fee covers the actual administrative cost of reviewing and processing your application.

(b) Include an additional NON-REFUNDABLE fee for the cost of the background checks on the individuals completing Form A - Personal information in response to questions D1, D2, and D3. This fee will be calculated by the Community Development Department at the time the application is submitted and will be based on the information provided in this application. Additional fees may be required if background information obtained after the application is submitted reveals the need for further investigation.

4. You will be notified of the action taken on your application. If your application is approved, you must at that time submit an annual license fee of \$2,000. One-half of the application fees, including the background check fees, will be applied as a credit to the first year's annual license fee. See: Charlotte County Code, Section 1-10-126 regarding prorated annual license fees.

5. **IMPORTANT NOTE:** Any change, modification, deletion or addition to the information contained in the application must be reported to the Community Development Department within three business days of when the applicant knows or should know of said change, modification, deletion or addition.

ATTACHMENTS:

Charlotte County Code, Chapter 1-10, Article V [or Charlotte County Ordinance 99-036]
Charlotte County Code, Sections 3-9-2 and 3-9-73 [or Charlotte County Ordinance 99-037]
Charlotte County Resolution No.99-0960A0

**APPLICATION FOR SEXUALLY ORIENTED BUSINESS LICENSE
CHARLOTTE COUNTY, FLORIDA**

Business name: _____

A. THIS APPLICATION IS FOR:

_____ A new license

_____ A license renewal

_____ Other (Explain) _____

B. CLASSIFICATIONS:

Describe the general nature of the sexually oriented business for which a license is sought, including a statement concerning the degree to which the anticipated activities meet the definitions of sexually oriented business classifications listed in Section 3-9-2, Charlotte County Code, and then check one or more of the classifications listed below:

_____ Adult Arcade

_____ Adult Bookstore

_____ Adult Booth

_____ Adult Novelty Store

_____ Adult Theater

_____ Adult Photographic or Modeling Studio

_____ Adult Video Store

_____ Combination of any of the above (check all classes above that apply)

C. PROPOSED BUSINESS

1. Name of business: _____
2. Street address of business: _____

3. Business telephone number: _____
4. Legal description of property site where the business is located: _____

5. Name, residential address, and residential telephone number of individual to receive all notices pursuant to Section 1-10-119, Charlotte County Code:

6. If the name of the business is a Fictitious Name as defined in Section 865.09, Florida Statutes, attach a certified copy of the applicant's registration of fictitious name as filed with the Division of Corporations of the Florida Department of State. Have you attached a copy of the fictitious name registration? Yes ____ No ____.

D. APPLICANT INFORMATION:

1. If applicant is an *INDIVIDUAL*, complete and attach Form A - Personal Information
2. If applicant is a *PARTNERSHIP*, complete the following:
 - a. Full legal name of partnership: _____

 - b. Is the partnership (check one): general _____, or limited _____?
 - c. Name, residential address and residential phone number of contact person for the partnership: _____

 - d. Complete and attach Form A - Personal Information for each partner who has direct, managerial, supervisory, or advisory responsibilities for day-to-day operations of the sexually oriented business.

If any partner is a corporation, Section D.3. of this application must also be completed. Use as many forms as necessary.

Number of Form A attached for Section D.2: _____

3. If applicant (or a partner of the applicant) is a *CORPORATION*, complete the following:

a. Complete legal name of corporation: _____

b. Date of incorporation: _____

c. State where incorporated: _____

d. State corporate document number: _____

e. Current status: _____

f. Name, residential address and residential phone number of contact person for the corporation: _____

g. State the name and address of the registered corporate agent and the address and telephone number of the corporate office: _____

h. Complete and attach Form A - Personal Information for each officer, director, and stockholder who has direct, managerial, supervisory, or advisory responsibilities for day-to-day operations of the sexually oriented business. Use as many forms as necessary.

i. Check one: Corporation is the applicant _____
 Corporation is a partner of the applicant. _____

Number of Form A attached for Section D.3: _____

E. MANAGEMENT AGREEMENT

State the name and legal mailing address of each business entity that holds a contract to manage or operate the sexually oriented business. For each such business, list the names of all employees of such business entity (use additional sheets if necessary):

F. EMPLOYEE LIST

List below the names of all employees for the proposed business (use additional sheets if necessary):

Are there employees who may be hired during the pendency of this application whose identity is unknown at the time of this application? Yes ____ No ____

I understand that any addition to the information contained in this application must be reported to the Building and Growth Management Department within three (3) business days of when I know or should know of said addition. Yes ____ No ____

G. SITE PLAN REQUIREMENT:

- 1. A site plan of the proposed or existing establishment drawn to a designated scale or marked to show internal dimensions of all interior areas of the premises to an accuracy of plus or minus six inches. The plan must be oriented to the north or to a designated street or object and shall include, but not be limited to, the following:
 - a. All property lines, rights of way, and the location of buildings, parking areas and spaces, curb cuts, and driveways;
 - b. All windows, doors, entrances, exits, fixed structural features, walls, stages, partitions, projection booths, admission booths, adults booths, concession booths, stands, food service equipment, counters, and similar structures;
 - c. All proposed improvements or enlargements to be made, which shall be indicated and calculated in terms of percentage of increase in floor size; and
 - d. A designation of any portion of the premises in which patrons will not be permitted.

- e. If a proposed establishment is constructed in a manner varying from the submitted plan, or the facility is remodeled after the license is issued, a supplemental site plan shall be provided once the certificate of occupancy or final inspection is completed.

Site plan attached? Yes ____ No ____

- 2. Attach a copy of your application for occupational license tax for the sexually oriented business or a copy of your current occupational license tax certificate.
Copy of occupational license tax application attached? Yes ____ No ____
Copy of current occupational license tax certificate attached? Yes ____ No ____

H. AUTHORIZATION AND CERTIFICATION:

I have received and understand Charlotte County Code Chapter 1-10, Article V. [Ordinance 99-036.] I authorize the officers, employees, and agents of the Charlotte County Sheriff's Office and the departments/divisions of Charlotte County government, including but not limited to the Community Development Department, to obtain all information needed to examine and review this application. I authorize these persons to enter and inspect the establishment when it is open to the public, by other arrangement, or as otherwise authorized by law or a court of competent jurisdiction.

Having been duly sworn, I certify that the foregoing statements are all true and correct; that I have withheld no information that would affect the review or granting of this license; and that I as licensee will own, possess, operate, and exercise control over the proposed or existing sexually oriented business.

For: _____
Name of Business

By: _____
Authorized Applicant Signature Title/Position
(Must be signed before a notary)

Notary certification:

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____, who is personally known to me or who has produced _____ as identification and did take an oath.

_____ seal:
Notary Signature