



City of Seattle

Consumer Protection Division
700 5th Ave Suite 4250
Seattle, WA 98104
(206) 386-1267

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Customer # \_\_\_\_\_
BL Obligation # \$ \_\_\_\_\_ Late Penalty # \$ \_\_\_\_\_
FP Obligation # \_\_\_\_\_ \$ \_\_\_\_\_
PL Obligation # \_\_\_\_\_ \$ \_\_\_\_\_
TOTAL DUE:
\$ \_\_\_\_\_

PERSONAL LICENSE APPLICATION

Full year fee: Entertainer = \$170.00/Manager = \$216 / Half year fee: Entertainer = \$85.00/Manager = \$108

TYPE OF LICENSE: (circle one) ENTERTAINER / MANAGER NEW [ ] RENEWAL [ ]

- 1. Name: \_\_\_\_\_ Last First Middle
2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ City / State / County
3. Description: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_
4. Home Phone #: \_\_\_\_\_
5. Home Address: \_\_\_\_\_ House Number Street Apt. #
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Employer (i.e., Club name): \_\_\_\_\_ Stage Name: \_\_\_\_\_
7. Other Names Used (i.e. AKA's): \_\_\_\_\_
8. Other cities resided in during the last five (5) years: (If more than one, please list on back of this form)
From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ City State
(month/year) (month/year)

ENTERTAINERS AND MANAGERS MUST BE AT LEAST EIGHTEEN (18) YEARS OLD AND HAVE VALID PICTURE I.D.

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Photo I.D. #: \_\_\_\_\_ State: \_\_\_\_\_
Passport #: \_\_\_\_\_ Other: \_\_\_\_\_

- 9. Have you been convicted of a crime (other than traffic citations) in the last ten (10) years? Yes [ ] No [ ]
If yes, please explain on the back of this form. (Include Date, Charge, Action Taken and Location)(Note: A conviction does not automatically disqualify applicant.)
10. Are there any formal criminal changes pending against you? Yes [ ] No [ ]
If yes, please explain on the back of this form. (Include Charge and Location)
11. Entertainers only: I certify I have completed the Dept. of Labor and Industries Adult Entertainer ELearning safety course certificate of completion. (RCW 49.17.470, effective 7/1/2020). Yes [ ] No [ ]

NOTE: FAILURE TO PROVIDE INFORMATION REQUIRED WILL CONSTITUTE AN INCOMPLETE APPLICATION, WHICH WILL NOT BE PROCESSED. A BACKGROUND CHECK IS REQUIRED AND CAN BE OBTAINED FOR AN ADDITIONAL FEE AT EITHER OF THESE LOCATIONS:

SEATTLE POLICE DEPARTMENT
JUSTICE CENTER
610 5TH Ave 1st Floor
(\$7.00 fee for fingerprinting)

KING COUNTY COURT HOUSE
SHERIFF'S OFFICE
516 3RD AVE - Rm W-150
(\$11.00 fee for fingerprinting)

I UNDERSTAND THAT FILING A FALSE APPLICATION IS GROUNDS FOR DENIAL OR REVOCATION OF THIS LICENSE: \_\_\_\_\_ (Initial)

As applicant, I \_\_\_\_\_ certify or declare under penalty of perjury under the laws of the State of Washington, the foregoing is true and correct.
(Print name)

\_\_\_\_\_  
(Signature) (Date)

**12. Additional Residences:**

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
(month / year) (month / year) \_\_\_\_\_  
City State

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
(month / year) (month / year) \_\_\_\_\_  
City State

From \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_  
(month / year) (month / year) \_\_\_\_\_  
City State

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**13. Explanation of Conviction:**

DATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

LOCATION: \_\_\_\_\_

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DATE: \_\_\_\_\_

CHARGE: \_\_\_\_\_

ACTION TAKEN: \_\_\_\_\_

LOCATION: \_\_\_\_\_

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**14. Pending Criminal Charges:**

CHARGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

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CHARGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

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