

CITY OF SEATTLE

Department of Finance and Administrative Services

700 5th Avenue Suite 4305

Seattle, WA 98104

(206) 386-1267

Customer Nr: _____

Obligation Nr: _____

License Fee \$ 905.00

APPLICATION FOR ADULT ENTERTAINMENT PREMISE LICENSE

NEW____ RENEWAL____

LIC CODE - **XP**

EXPIRATION DATE: December 31, 20____

1. APPLICANT NAME: _____

Individual____ Partnership____ Corporation____

2. BUSINESS ADDRESS: _____ Telephone: (____) _____

3. TRADE OR BUSINESS NAME: _____

4. List the true name(s), residence address, telephone numbers, and date of birth of the applicant; partners; officers or directors (if a corporation); manager; supervisor; and operator(s) of the premise.

NAME	TITLE	RESIDENCE ADDRESS	TELEPHONE	BIRTHDATE

5. List the name, residence address and date of birth of the majority stockholder of the corporation, if not named above.

NAME	RESIDENCE ADDRESS	BIRTHDATE

6. List the name, address, business and home phone numbers of the owner/landlord of the premises upon which the Adult Entertainment Premise is located.

NAME	RESIDENCE ADDRESS	Bus. Telephone	Home Telephone

7. Has the applicant or any person named in #4 or #5 above been convicted within the last five (5) years of a crime other than traffic citations; or does any applicant or any person named in #4 or #5 above have any criminal charges currently pending?

YES____ NO____ If yes, give details, including date(s), place(s) and offense(s):

NOTE: Convictions do not automatically disqualify the applicant.

Please complete page 3 of the application. A signature is required

Approval Received:	<i>This space for department use only</i>
DCLU _____	FEE PAID: \$ _____
FIRE _____	License Nr: _____
POLICE _____	Date Issued: _____
HEALTH _____	Issued By: _____

Supplemental Application – Adult Entertainment Premise

Only to be completed for new license applications, not license renewals.

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1. Please describe the type of entertainment this business will provide:

2. Has the applicant(s) previously operated any of the following business types in Seattle or any other jurisdiction? *Any business requiring a liquor license for on-premises consumption of liquor (including but not limited to a nightclub, private club serving alcohol, public house, tavern, or restaurant serving alcohol), or any adult-themed business (including but not limited to an adult entertainment premise, panoram, peepshow, or adult cabaret).*
☐ Yes ☐ No

If “Yes” please provide the name(s) and address(es) of the business(es) and the dates of operation:

Were any of the licenses associated with the above-mentioned businesses ever suspended or revoked?

☐ Yes ☐ No

If “Yes” please provide the date(s) and reason(s) for the suspension/revocation:

3. Please provide the work history for the last 3 years for the applicant, partners, officers or directors (if a corporation), manager, supervisor, and operator(s) of the premise.

4. Does the applicant agree to conduct or operate the Adult Entertainment Premise in compliance with all laws and other legal requirements, including but not limited to [Seattle Municipal Code Chapter 6.270](#), business licensing, building, land-use, health and fire codes?

☐ Yes ☐ No

APPLICATION FOR ADULT ENTERTAINMENT PREMISE LICENSE

As applicant, I, _____, certify or declare under penalty of perjury under the law of the State of Washington, that I have personal knowledge of the matter stated in this application and statements contained therein are true.

I UNDERSTAND THAT FILING A FALSE APPLICATION IS GROUNDS FOR DENIAL OF THIS LICENSE

Applicant Signature _____

Date of Signing _____

Signed in the presence of City of Seattle employee

I, _____, verified the applicant's government issued pictured ID.

Name: _____

Title: _____

Signature: _____

Date: _____

If not signed in the presence of a City of Seattle employee, the following must be completed:

STATE OF WASHINGTON) ss

COUNTY OF KING)

CITY OF SEATTLE)

OATH AND NOTARIZED SIGNATURE REQUIRED

By Notary Public

I, _____, being first duly sworn upon oath, deposes and say, under penalty of perjury under the laws of the State of Washington, that I have personal knowledge of the matter stated in this application and statements contained therein are true.

**I UNDERSTAND THAT FILING A FALSE APPLICATION
IS GROUNDS FOR DENIAL OF THIS LICENSE.**

X _____

AUTHORIZED SIGNATURE

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

NOTARY PUBLIC