

City of Seattle Department of Finance and Administrative Services

Supplemental Application Adult Entertainment Premise

Name of Applicant: ______ Date of Application: _____

- 1. Please describe the type of entertainment this business will provide.
- Has the applicant(s) had this type of business previously? Please provide dates of operation and name(s) of applicable businesses. Was the previous license ever suspended or revoked?
 If yes, please provide date(s) and reason for suspension and/or revocation.
- 3. Please provide 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 acknowledge that they have been provided and understand the rules of conduct allowed in an adult entertainment premise?
- 5. Does the applicant agree to conduct or operate the Adult Entertainment Premise in compliance with all laws and other legal requirements, including but limited to, building, land-use, health and firecodes?

No

Yes Consumer Protection Division 700 5th Avenue, 42nd Floor PO Box 94785 Seattle, Washington 98124-7085

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