



ADULT CABARET BUSINESS LICENSE APPLICATION

NEW APPLICATION

FEE: \$1,125.00

UPDATE/RENEWAL

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This is an APPLICATION ONLY, and NOT a license to conduct business.

You must obtain a business license PRIOR to conducting business.

ALL LICENSES MUST BE RENEWED ANNUALLY

**FILL OUT THIS FORM IN ITS ENTIRETY
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

BUSINESS INFORMATION:

Trade Name or DBA: _____ UBI#: _____

Location/Physical Address: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____

Number of Employees (full & part time): _____ Total square footage of business: _____

Previous occupants of tenant space: _____

Description of Business: _____

Leasing Agent/Agency: _____ Phone: _____

Mailing Address: _____

Contractor's License #: _____ Expiration Date: _____

IRS 501 c (3,4) Registration #: _____ FEIN #: _____

Liquor Control Board License #: _____ Gambling #: _____

OWNER/LEGAL ENTITY INFORMATION: (please check one of the following)

Sole Proprietor Partnership Corporation Limited Liability Non-Profit

Sole Proprietor/Partnership

Owner Name: _____ Owner Name: _____

Title: _____ Title: _____

Residence Address: _____ Residence Address: _____

Contact Phone: _____ Contact Phone: _____

Home Phone: _____ Home Phone: _____

Corporation, LLC, Non-Profit

Corp/LLC/Name: _____

Officer/Agent/Representative: _____

Title: _____

Address: _____

Contact Phone: _____

Corp/LLC UBI (if different): _____

PLEASE COMPLETE REVERSE SIDE

PLEASE ANSWER ALL THE QUESTIONS BELOW

Will you be doing any interior or exterior improvements, remodeling (other than painting and carpeting), or altering your tenant space? (If answer is "yes", a building and/or sewer permits may be required)

YES NO

Will your business involve any sales or service of food or alcohol? (If answer is "yes", please go to the Pierce County Health Department)

YES NO

Do you, the business owner or the legal entity, hold any other similar adult entertainment or sexually oriented business licenses, including motion picture theaters, panorams or adult cabarets from the City of Lakewood, or any other city, county or state? (If yes, please provide the names and address of each other licensed business on a separate sheet of paper.

YES NO

Please provide the following information on a separate sheet of paper.

1. Please provide a summary of the history of the business and ownership thereof; including any legal action initiated for or against the establishment or owner, all relevant names, addresses and the dates of operation of establishment.
2. Please provide a detailed description of the business activity that occurs at the business establishment.
3. Please provide occupation and employment history for the business owner or control person of the establishment.
4. Please provide 3 1"X1" recent photographs of establishment owner or control persons of legal entity.
5. Please submit a floor plan drawn to scale of the premise for the adult cabaret. Include total square footage, dimensions, and clearly label all exits, performance areas, seating areas, manager's office and stations, service areas, restrooms, and changing facilities. Applications shall include building plans which demonstrate conformance with section 5.16.050 of the City code.
6. For all new applications, business owners and legal entity control persons must be fingerprinted by the WSP at the County City Building located at: 930 Tacoma Ave S. Phone: 253-798-7530. Please contact their office for additional information.
7. Please List all outstanding loans pertaining to the identified establishment including the terms, secured transactions, repayments thereof.
8. Please list the terms of the lease, secured transactions and repayments pertaining to the identified establishment.

Criminal convictions, locations, and approximate dates:

Have you or any applicant control person been convicted or found to have committed any violation of any law, ordinance or regulation or forfeiture other than parking or minor traffic infractions within 5 years of application.

Crime Convicted Of	Location	Date

I (we) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct, and complete. I authorize the City, its agents and employees to investigate and confirm any statements set forth in this application. I also understand that I am responsible for notifying the business License Division, in writing, of any change in location or mailing address within ten days of the change. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

Signature of Applicant (owner/partner/corporate officer) _____ Title _____
Date _____

Application Prepared By (please print) _____ Title _____
Date _____

NOTARY

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me and said person acknowledge that he/she signed this instrument and acknowledge it to be his/her free and voluntary act for the use and purposes mentioned in the instrument.

Witness my hand and official seal:

Signature

Name as commissioned

Title

Date

My appointment expires

BUSINESS LICENSE - ZONING REVIEW CHECKLIST: (FOR OFFICIAL USE ONLY)

TAX PARCEL # _____ ZONE: _____
ZONING USE TYPE: _____
PRIMARY PERMITTED USE/AUP/CUP/SEPA: _____
TENANT IMPROVEMENT PERMIT REQUIRED: _____
PLANNING APPROVAL: _____ DATE: _____