



City of Lakewood
Community Development
 6000 Main St. S.W.
 Lakewood, WA 98499
 (253) 512-2261

Business License Application

Adult Entertainer / Manager

Fee: \$150.00 all license renewed annually

*A 100% late fee will be applied to all renewing license applications after the renewal date.
Please print or type.

A 21-day conditional license is issued upon receipt of completed application. A business license must be obtained prior to the start date of a new business.

Purpose of Application (check one)

New Application
 Update/Renewal Application
 Business License No.

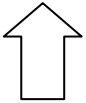
Application is for:
 Manager
 Entertainer
 Featured Entertainer
 (Mark One)

We wish to take this opportunity to welcome you and your business to the community. The City's acceptance of your application and fee does not constitute approval or authorization to conduct business. Business licenses expire annually, failure to renew your business license will result in a 100% penalty accessed and other penalties/assessments may be added per the Lakewood Municipal Code Title 5. It is the responsibility of the business/Applicant to notify the City of Lakewood Business Licensing Division of any changes not reflected on the original business license application. Business licenses are specific and are not transferable.

Incomplete Application Packages will not be accepted

Application must be in the individual's name, signed by the applicant and notarized

- A. Current and valid State Driver's license with photo and signature.
- B. Current Washington State issued identification card with photo and signature
- C. Official passport issued by the United States
- D. Any current/valid identification containing a photograph and date of birth or social security number.



Three- (3) current color photographs. Head height needs to be no higher than 3/4" to include entire face and shoulder line. We reserve the right to refuse any photos that do not meet the licensing standards. See example above.

Police Department or designee shall fingerprint each applicant as they apply. Not applicable for renewals. Fingerprinting is done at the County City Bldg., located at: 930 Tacoma Ave South. Phone: 253-798-7530. Please contact their office for additional information.

Applicants Name:		Start Date:	Current Phone:
Home Address:			
<small>City</small>	<small>State</small>	<small>Zip</small>	
All Stage Names/Nicknames Used By Applicant:		Place of Birth:	Date of Birth:
Current Driver's License #:		State of Driver's License:	
Identification #:		State of Identification:	U.S. Citizen:

Name, Address and Phone number of the establishment(s) where you intend to work as an Adult Entertainer/Manager:

NAME: _____ STREET ADDRESS: _____ PHONE #: _____

1. _____

Criminal convictions, locations, and approximate dates:

Have you been convicted of or found to have committed any violation of any law, ordinance or regulation related to or connected with the type of business for which you are applying? Yes or no: _____
 If yes, please list convictions below:

Crime Convicted Of:	Location:	Date:

Have you been licensed by the City of Lakewood under any other name? Yes or no: _____
 If yes, please list all other names:

<p>I certify that the information contained herein is correct. I understand that any untrue statement is cause for revocation of this application and the subsequent License. I further understand that there are no refunds of license fees and that falsification, or omissions on this application are grounds for denial, suspension, or revocation of the license.</p> <p>Applicant Signature: _____</p> <p>Print Name: _____</p> <p>Date Signed: _____</p>	<p>I authorize the City, its agents and employees to investigate and confirm any statements set forth in this application. I understand the conditional license I am issued will have an automatic conversion date of 21 days from date of issue to permanent for the remainder of the year, unless I fail to meet the requirements for the issuance of this license.</p> <p>Signed By: _____</p>
---	---

NOTARY:

**State of Washington
 County of Pierce**

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

Dated: _____

Witness my hand and official seal:

Signature:

Name as commissioned:

Title:

My appointment expires:

—

Police Service Use Only:

Fingerprinted By: _____

Date Fingerprinted: _____

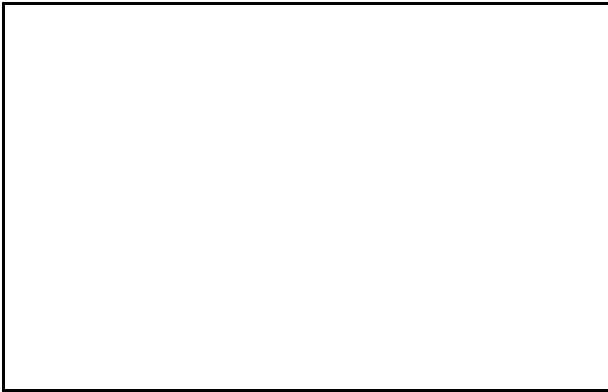


PHOTO ID.