



# Department of Growth Management

## Application for Adult Entertainment License

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

I. **THIS APPLICATION IS FOR:** (Check only one)

- A.  A new license, or  
B.  Transfer of an **existing license** to the applicant from the current Licensee:

Name: \_\_\_\_\_ License # \_\_\_\_\_.

II. **CLASSIFICATION OF LICENSE BEING APPLIED FOR:** This application is for a license in the **single classification** of: (Check only one)

- A.  Adult Bookstore  
B.  Adult Theater  
C.  Adult Performance Establishment  
D.  Escort Service  
E.  Physical Contact Parlor

III. **APPLICANT:**

- A. **This application is for a license to be issued to:** (check only one)

1.  An individual person  
2.  A partnership  
3.  A corporation

B. Full legal **name** of applicant: \_\_\_\_\_

C. Mailing **address** of applicant: \_\_\_\_\_  
\_\_\_\_\_

IV. **ESTABLISHMENT INFORMATION:**

A. **Name of the proposed establishment:** \_\_\_\_\_

B. Is the name of the proposed establishment a "Fictitious Name" under Section 865.09, Florida Statutes?  YES  NO

C. If "Yes," state the County of registration: \_\_\_\_\_

D. Street address and legal description of the proposed establishment:  
\_\_\_\_\_  
\_\_\_\_\_

V. **REQUIRED INFORMATION:**

A. Complete the following regarding the **person making this application** as an individual, or on behalf of a Partnership or Corporation:

- 1. Full legal name: \_\_\_\_\_
- 2. All aliases: \_\_\_\_\_
- 3. Date of birth: \_\_\_\_\_
- 4. Sex: \_\_\_\_\_
- 5. Residential address: \_\_\_\_\_  
\_\_\_\_\_
- 6. Residential telephone: \_\_\_\_\_
- 7. Business address: \_\_\_\_\_  
\_\_\_\_\_
- 8. Business telephone numbers: \_\_\_\_\_
- 9. Driver's License number or Identification Card number:  
\_\_\_\_\_
- 10. Social Security Number: \_\_\_\_\_
- 11. Employers identification , if applicable: \_\_\_\_\_  
\_\_\_\_\_

B. **If the applicant is a Partnership, complete the following:**

- 1. Full legal **name** of Partnership:
- 2. For each **partner** involved in the daily operations of the establishment: Full legal name, residential address, and residential telephone number: (attach additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_
- 3. **Date** the Partnership was formed: \_\_\_\_\_
- 4. **Type** of Partnership (e.g., General or Limited Partnership): \_\_\_\_\_

- 5. Name, residential address, and residential telephone number of a **person in Florida authorized to accept service** of process:

\_\_\_\_\_

C. If the Applicant is a **Corporation**, complete the following:

- 1. Full legal **name** of Corporation: \_\_\_\_\_
- 2. **Date** of incorporation: \_\_\_\_\_
- 3. **State** of incorporation: \_\_\_\_\_
- 4. For each **officer and director**: Full legal name and capacity:  
(Attach additional sheets if necessary) \_\_\_\_\_
- 5. The name of the corporation's **Registered Agent**, as well as the address and telephone number of the **Registered Office**:  
(Attach additional sheets if necessary) \_\_\_\_\_
- 6. The title or capacity of the **person who makes the application** on behalf of the corporation (this person must be an officer or director):  
\_\_\_\_\_

VI. **GENERAL INFORMATION:**

- A. Does the applicant **own the real property** upon which the proposed establishment is to be located?     YES     NO
- B. If, "no," state the full name, mailing address, and telephone number(s) of the **owner(s) of the property**:  
\_\_\_\_\_  
\_\_\_\_\_
- C. If, "No," describe the exact nature of the **applicant's interest** in the real property (e.g., lessee):  
\_\_\_\_\_
- D. Does the applicant presently own or operate any **other adult entertainment establishment** licensed under *Lake County Adult Entertainment Code*?     YES     NO
- E. If "Yes," identify the other adult entertainment establishment(s), by stating for each: the address of the other adult entertainment establishment(s), the classification of each of the other adult entertainment establishment license(s), and the corresponding license number(s):  
(Attach additional sheets if necessary) \_\_\_\_\_
- F. Has the applicant or any partner, officer, or director of the applicant been convicted within the last five (5) years of a felony or **specified criminal act**, as defined by the *Lake County Adult Entertainment Code*?     YES     NO

- G. If "Yes," **state for each conviction:** the specified criminal act, the date of conviction, and the place (e.g., state, county, or city) of conviction:  
(Attach additional sheets if necessary)\_\_\_\_\_
- H. Has the applicant or any partner, officer, or director of the applicant had a license under the Adult Entertainment Code denied, **suspended** or **revoked**? \_\_\_ YES \_\_\_ NO
- I. If "Yes," list the **date** of each denial, suspension and/or revocation, and the license(s) for which each such denial, suspension or revocation applied:  
(Attach additional sheets if necessary)\_\_\_\_\_
- J. Provide, for each **person who has the right or authority to manage or control the day-to-day operation** of the establishment, the name, mailing address, residential address, business address, residential telephone number, and business telephone number. If any part of this answer is a corporation, provide the specified information for the officers and directors of the corporation:  
(Attach additional sheets if necessary)\_\_\_\_\_

VII. **ATTACHMENTS:**

- A. Attach to this application a **current site plan**, drawn to appropriate scale, of the proposed establishment, including, but not limited to, the following:
  - 1. all **current** property lines, rights-of-way, and the location of buildings, parking areas and spaces, curb cuts, and driveways and distances from surrounding property/uses;
  - 2. all **current** windows, doors, entrances and exits, fixed structural features, walls, stages, partitions, projection booths, admission booths, concession booths, stands, counters, similar structures; and
  - 3. all **proposed** improvements or enlargements to be made, which shall be indicated and calculated in terms of percentage of increase in floor size.
- B. Attach a recent **photograph** of the person making this application.
- C. Attach a photocopy of either the **driver's license** or state or federally issued **identification card** for the person making this application.
- D. If the application is for a corporation, attach a photocopy of the **articles of incorporation** and **by-laws of the corporation** or, if the application is for a partnership, attach a photocopy of the **partnership agreement**. Attached \_\_\_\_\_ Yes \_\_\_\_\_ No
- E. If the application is for a transfer of a license, attach a notarized **affidavit** by the current licensee evidencing **consent** to the transfer and any applicable **contract** or **bill of sale**. Attached \_\_\_\_\_ Yes \_\_\_\_\_ No
- F. If the applicant is not the owner of the property, attach a **notarized affidavit of the property owner** evidencing **consent and approval to the application** for an adult entertainment license and a **copy of the lease or rental agreement along with any related documentation**. Attached \_\_\_\_\_ Yes \_\_\_\_\_ No

**AUTHORIZATION and CERTIFICATION:**

I hereby authorize the *Building Department, Health Department, Fire and Rescue Services Division, Sheriff's Office, Zoning Department, and Tax Collector* to obtain all data and information needed to examine and review this application and the proposed establishment. I hereby authorize each of the above-referenced departments to conduct an inspection or inspections of the proposed location of the proposed establishment.

I hereby swear under penalty of perjury that I am authorized by the named applicant to make this application and that the foregoing statements are true and correct. I understand that, in the event a license is granted based upon false information, misrepresentation of fact, or mistake of fact, the Lake County Code provides that the license shall be revoked.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Print name

County of \_\_\_\_\_,  
State of Florida

SWORN to and SUBSCRIBED by the person named above who took an oath and is (1) personally known to me, or (2) produced \_\_\_\_\_ as identification before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC, State of Florida

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**License must be granted or denied within 30 days.**

**Notification of grant or denial must be sent to applicant within seven days.**

**Notifications must be sent by certified mail, return receipt requested.**

I. Date application received in Occupational Licensing: \_\_\_\_\_ Name: \_\_\_\_\_

II. Date application forwarded to departments for review: \_\_\_\_\_ Name: \_\_\_\_\_

A. Building Department: Date Responded: \_\_\_\_\_ Name: \_\_\_\_\_

B. Zoning Department: Date Responded: \_\_\_\_\_ Name: \_\_\_\_\_

C. Health Department: Date Responded: \_\_\_\_\_ Name: \_\_\_\_\_

D. Fire and Rescue: Date Responded: \_\_\_\_\_ Name: \_\_\_\_\_

E. Sheriff's Office: Date Responded: \_\_\_\_\_ Name: \_\_\_\_\_

III. **Granted licenses:**

A. Date license was issued: \_\_\_\_\_ License No.: \_\_\_\_\_

B. Classification of license: \_\_\_\_\_

C. Name of Licensee: \_\_\_\_\_

D. Date of notification to applicant of license being granted: \_\_\_\_\_

E. Name of official issuing license and notice: \_\_\_\_\_

IV. **Denied licenses:**

A. Date license was denied: \_\_\_\_\_

B. Date of notification to applicant of license being denied: \_\_\_\_\_

C. Name of official sending notice of license being denied:

\_\_\_\_\_