



# Department of Growth Management

## Adult Entertainment License Renewal

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

I. **ESTABLISHMENT INFORMATION:**

A. **Name** of the Licensed Establishment: \_\_\_\_\_

B. Legal **street address** and **legal description** of the location of the Licensed Establishment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II **CLASSIFICATION of LICENSE:** This application is for **Renewal** of **Existing License #:** \_\_\_\_\_  
currently issued to the licensee in the classification of: (check only one)

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

III. **LICENSEE:**

A. **The Licensee to be renewed is currently issued to:** (check only one)

- 1.  An Individual Person
- 2.  A Partnership
- 3.  A Corporation

B. Full legal Name of Licensee: \_\_\_\_\_

C. Mailing Address of Licensee: \_\_\_\_\_

IV. **REQUIRED INFORMATION:**

A. Complete the following regarding the **Person making this application** for renewal of the license whether as an *individual*, or as a partner of a *partnership*, or the officer or director of a *corporation*:

- 1. Full legal name: \_\_\_\_\_
- 2. All aliases: \_\_\_\_\_
- 3. Date of birth: \_\_\_\_\_
- 4. Sex: \_\_\_\_\_ Race: \_\_\_\_\_
- 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 number: \_\_\_\_\_

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

1. Full legal **name** of Partnership: \_\_\_\_\_  
\_\_\_\_\_
2. For each **current partner involved in the daily operations of the establishment**: Full legal name, residential address, and residential telephone number:  
\_\_\_\_\_  
\_\_\_\_\_
3. **Date** that the Partnership was formed: \_\_\_\_\_
4. **Type** of Partnership (e.g., General or Limited Partnership): \_\_\_\_\_
5. Name, residential address, and residential telephone number of **person authorized to accept service** of process: \_\_\_\_\_  
\_\_\_\_\_

**C. If the Licensee is a Corporation, Complete the Following:**

1. Full legal **name** of Corporation: \_\_\_\_\_
2. Incorporation **date**: \_\_\_\_\_ the **state** of incorporation: \_\_\_\_\_
3. Full legal name, and capacity of each **officer** and **director**:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. The name of the corporation's **Registered Agent**, as well as the Address and telephone number of the **Registered Office**:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. The title or capacity of the person who makes the application on behalf of the corporation (this person must be an officer or director): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. GENERAL INFORMATION:**

- A. Does the licensee **own the real property** upon which the licensed establishment is located?  
\_\_\_\_ YES \_\_\_\_ NO
- B. If, "No," state the full legal name, mailing address, and telephone number(s) of the **owner of the property**:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. If, "No," describe the exact nature of the **licensee's interest** in the real property (e.g., lessee):

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D. Does the licensee presently own or operate any **other adult entertainment establishments** licensed under the Lake County Adult Entertainment Code?

\_\_\_\_\_ YES \_\_\_\_\_ NO

E. If "Yes," state the name(s) of the other adult entertainment establishment(s), the address(es) of the other adult entertainment establishment(s), the classification of the other adult entertainment establishment license(s), and the corresponding license number(s):

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F. Has the licensee or any partner, officer, or director of the Applicant or Licensee 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 the specified criminal act(s), the date(s) of conviction, and the place(s) (e.g., State, County, or City) of conviction:

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H. Has the licensee 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(s) of denial, suspension and/or revocation, and the license(s) for which the denial(s), suspension(s) or revocation(s) applied: \_\_\_\_\_

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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, business telephone number. If a corporation, provide the specified information for the officers and directors of the corporation:

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VI. **ATTACHMENTS:**

A. Attach to this renewal application a **current site plan**, drawn to appropriate scale, of the licensed establishment, including, but 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;
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

- B. Attach a recent **photograph** of the person making this renewal application.
- C. Attach a photocopy of either the **driver's license** or state or federally issued **identification card** for the person making this renewal application.
- D. If there has been a sale of the establishment or a licensed corporation, or a purchase of the real estate by the licensee, attach any applicable **contract** or **bill of sale**. \_\_\_\_\_
- E. If there is a new owner of the property, attach a **notarized affidavit of the property owner** evidencing **consent and approval to the application** for renewal of the adult entertainment license. \_\_\_\_\_
- F. If the licensee is not the owner of the real estate, attach a copy of the **current lease or rental agreement** along with any **related documentation**. \_\_\_\_\_

**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 the operation of the licensed establishment. I hereby authorize each of the above-referenced departments to conduct an inspection or inspections of the licensed establishment.

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

\_\_\_\_\_  
Signature of Licensee or Officer or Director  
Capacity:  
Print name:

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

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

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC, State of Florida

**To be completed by Staff:**

Application #: \_\_\_\_\_ Address #: \_\_\_\_\_

Alternate Key #: \_\_\_\_\_

Date application received in Tax Collector's Office: \_\_\_\_\_

Name: \_\_\_\_\_

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

Classification of license: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Name of licensing official that issued the business license: \_\_\_\_\_

Planner Name and Title: \_\_\_\_\_

Renewal \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_