



Office of Planning and Zoning

Application for Adult Entertainment License

DATE: _____

I. **THIS APPLICATION IS FOR:** (Check only one)
(Application fee: \$931.00 – Office of Planning and Zoning & Office of Building Services)

- 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. **LICENSEE:**

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 licensee: _____

C. Mailing address of licensee: _____

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: _____

B. **If the licensee 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 Licensee 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 licensee own the real property upon which the proposed establishment is to be located? ___ YES ___ NO

If, "no," state the full name, mailing address, and telephone number(s) of the owner(s) of the property:

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

- B. Does the applicant presently own or operate any other adult entertainment establishment licensed under *Lake County Adult Entertainment Code*? ___ YES ___ NO

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) _____

- C. 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

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) _____

- D. 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

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) _____

- E. 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 Services Division, Health Department, Fire and Rescue Services Division, Sheriff's Office, Office of Planning & Zoning, 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 and oath and is (1) personally known to me, or (2) produced _____ as identification before me this ____ day of _____, 20____.

NOTARY PUBLIC, State of Florida

***** THIS PAGE FOR OFFICIAL USE ONLY *****

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 Division: Date Responded: _____ Name: _____

B. Planning & Zoning: Date Responded: _____ Name: _____

C. Health Department: Date Responded: _____ Name: _____

D. Fire and Rescue: Date Responded: _____ Name: _____

E. Sheriff's Office: Date Responded: _____ Name: _____

F. Code Enforcement 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 new 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: _____