



3120 Stonecrest Blvd Stonecrest, GA 30038

www.stonecrestga.gov

770 224 0200

ADULT ENTERTAINMENT ESTABLISHMENTS APPLICATION

TYPE OF APPLICATION

1. Select the description that applies to you (check **one**):

I am applying for an **original** license. Select which of the following most closely describes the type of adult entertainment. Refer to **Sec. 16-401** for the definition of each type).

Book Store Motion Picture Theatre Adult Video Store

Other – Describe:

I am applying to **renew** license number - _____ that expires on _____ .
Date

2. Select the type of ownership (check **one**):

Sole Proprietorship GA Corporation Partnership Foreign Corporation Other

ESTABLISHMENT INFORMATION

3. Name of Entertainment Establishment: _____

4. Establishment **Mailing** Address: _____

City **State** **Zip**

5. Establishment Physical Address: _____

City **State** **Zip**

6. Federal Employer Identification Number (**EIN**): _____

7. Is this establishment located no closer than 1000 feet from another adult entertainment establishment? Yes No

8. Is this establishment located no closer than 1000 feet of any residence, school, government facility? Yes No

9. Is this establishment located no closer than 500 feet of any church? Yes No

10. Does this business have a city business license? Yes No

INFORMATION ABOUT OWNERSHIP

11. Enter this information about the person who is responsible for submitting this application and who will **appear personally** before the Commission. (if “partnership” the names of the partners; if “corporation” the names of the officers and shareholders; if “other” business entity the names of all holding any ownership and managerial interest.

Full Name: _____
Last First M.I.

Select Position (check **one**):

- Sole Proprietor – skip to Information about management section.
- Corporate Director – continue with Question 12.
- Partner – skip to Question 14
- Member of Association (specify): _____ . Skip to Question 14.

Submit a signed, completed and notarized Certificate of Individual from each person listed above. In addition, a criminal history record will be required on the person above.

12. Complete the following information about the corporation’s directors, officers and principal stockholders. You may omit the director already named in **Question 11**. If you need more room, attach a separate sheet.

| FULL NAMES OF DIRECTORS | FULL NAME AND POSITION OF OFFICERS | PRINICIPAL STOCKHOLDERS |
|-------------------------|------------------------------------|-------------------------|
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Submit a signed, completed and notarized Certificate of Director, Officer or Principal Stockholder from each person listed above. In addition, a criminal history record will be required on each person listed above.

13. Complete the following information about the corporation’s stockholders. You may omit the principal stockholders already listed in **Question 12**. If you need more room, attach a separate sheet. When complete, skip to **INFORMATION ABOUT MANAGEMENT** section.

INFORMATION ABOUT EMPLOYEES & OTHERS WORKING IN THE BUSINESS

16. List each employee of the business below. If you need more room, attach a separate sheet.

| EMPLOYEE FULL NAME | JOB |
|--------------------|-----|
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Submit a signed, completed and notarized Certificate of Individual from each employee listed above. In addition, a criminal history record will be required on each person listed above.

AFFIDAVIT

The applicant, in making the above representation under oath, say that this application to operate an adult entertainment establishment is his/her act and deed and the facts stated herein are true. The applicant agrees to notify the Finance Department of the City within thirty (30) days prior of any intent to change location of the establishment. An application for a license due to change of location is subject to all requirements of article **Sec. 16-414**.

Executed on the _____ date of _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____ 20 _____.

Notary Public

My Commission Expires: