



CITY OF TUMWATER

Sexually Oriented Business License Application Certificate of Registration (*\$125 non-refundable annual processing fee*)

Date of Birth _____

Driver's License No. _____ Social Security No. _____

To be issued to: _____
(Last) (First) (Middle)

Address: _____
(Address) (City) (State) (Phone)

Name of Business: _____

Operating at: _____
(Address) (City) (State) (Phone)

Mailing Address: _____

Nature of Business in Detail: _____

In Case of Emergency Contact: Name: _____

(Address) (City) (State) (Phone)

Or: Name: _____

(Address) (City) (State) (Phone)

(This information is required for emergencies at the business address only)

The undersigned hereby applies for a Certificate of Registration in accordance with the foregoing information in the City of Tumwater, WA, for the year ending December 31, _____, under and pursuant to Tumwater Municipal code Section 5.50 of said City, and any amendments to said Code, and hereby certifies that the information shown on this application is true and correct to the best of her/his knowledge.

Applicant's Signature _____ Position: _____

FOR CITY USE ONLY

Reviewed by: _____ Comments: _____
TPD Yes _____ NO _____ By _____

Date: _____ Clerk's Receipt No. _____

Return to: City of Tumwater, 555 Israel Rd. SW, Tumwater, WA 98501

Year ending _____

Receipt # _____



CITY OF TUMWATER

Municipal Code Section 5.50 **SEXUALLY ORIENTED BUSINESS PERMIT APPLICATION** *(PROCESSING FEE \$100 NON-REFUNDABLE TO BE PAID AT TIME OF FILING)*

Applicant's Name: _____ Proof of 18 Years of Age

Business Name (if different from name of person making application):

Individual - Legal Name/Alias or previous married names:

Partnership General Limited

Complete Name _____

Name of all partners	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Partnership Agreement Attached
 Corporation Date Incorporated _____

Complete Name _____

Evidence that the Corporation is in good standing under laws of the State of Washington
 Name and Capacity of all Officers, Directors and/or Principal Stock Holders

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____



CITY OF TUMWATER

Application under Municipal Code Section 5.50 - Continued

- Registered Corporate Agent _____
- Registered Office Address *(for service of process)* _____
- Affidavit attached pertaining to Officer/Director/Principal Stockholder attesting identity/relationship to corporation *(Principal Stock Holders shall mean those persons who own 10% or greater interest in the sexually oriented business)*
- Have you, within a 2 year period, immediately preceding the date of the application been convicted of a specified criminal act as defined in Municipal code Section 5.50?
 - Yes No
 If yes, state the specified criminal act involved, the date of conviction, and the place of conviction.

- Have you, the applicant, or any of the other individuals listed had a previous permit or license under Tumwater Municipal Code Section 5.50 or other similar Codes/Ordinances from another City or County that was denied, suspended or revoked?
 - Yes No
 If yes, provide the name of the business for which the permit or license was denied, suspended or revoked, as well as the date of denial, suspension, or revocation.

Name _____ Date _____

Location _____

Name _____ Date _____

Location _____

Name _____ Date _____

Location _____

- Do you, the applicant or any of the other individuals listed, hold any other permit or license under Tumwater Municipal Code Section 5.50 or other similar Codes/Ordinances from another City of County?
 - Yes No
 If yes, provide the names and location of other such permitted businesses.

Name _____ Date _____

Location _____

Name _____ Date _____

Location _____



CITY OF TUMWATER

Application under Municipal Code Section 5.50 - Continued

The single Classification of permit for which the applicant is filing:

- \$125 1. Adult Arcade
- \$125 2. Adult Bookstore, Adult Novelty Store, or Adult Video Store
- \$500 3. Adult Cabaret
- \$125 4. Adult Motion Picture Theater
- \$125 5. Adult Theater
- \$125 6. Semi-Nude Model Studio
- \$125 7. Escort Agency
- \$125 8. Adult Motel

The location of the proposed sexually oriented business, including legal description of the property, street address and telephone number(s), if any.

Location _____ Phone No. _____

Legal Description _____
(Lot) (Block) (Addition)

The applicant's mailing address and residential address

Mailing Address: _____

Residential Address: _____

Two (2) two-inch by two-inch black and white photographs of the applicant, including any corporate applicant or partner, taken within six (6) months of the date of the application, showing only the full face of the applicant. **Photographs shall be provided at the applicant's expense!**

Driver's License No. _____ State _____ SSN# _____

State Tax ID# _____ Federal Tax ID # _____

Adult Cabaret? Yes No

If yes, provide a sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business. The sketch need not be professionally prepared, but it must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches.

Current City Business License# _____

Yes No

APPLICANTS FOR A PERMIT AND/OR LICENSE UNDER TUMWATER MUNICIPAL CODE SECTION 5.50 SHALL HAVE A CONTINUING DUTY TO PROMPTLY SUPPLEMENT APPLICATION INFORMATION REQUIRED IN THE EVENT THAT SAID INFORMATION CHANGES IN ANY WAY FROM WHAT IS STATED ON THE APPLICATION. THE FAILURE TO COMPLY WITH SAID CONTINUING DUTY WITHIN (30) DAYS FROM THE DATE OF SUCH A CHANGE SHALL BE GROUNDS FOR SUSPENSION OF A PERMIT AND/OR LICENSE.



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Application under Municipal Code Section 5.50 - Continued

**UNDER PENALTY OF PERJURY, THE APPLICANT VERFIES
THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO
THE BEST OF THEIR KNOWLEDGE.**

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

NOTARY

State of Washington
County of Thurston

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 uses and purposes mentioned in this instrument.

Dated _____

Witness my hand and official Seal

Signature _____

Residing at _____

My appointment expires _____

For Office Use Only

Date _____ Comments _____

Fire Yes No _____

Signature _____

TPD Yes No _____

Signature _____

Building Yes No _____

Signature _____

Zoning Yes No _____

Signature _____