

**CITY OF MELBOURNE, FLORIDA  
APPLICATION FOR ADULT ENTERTAINMENT ESTABLISHMENT OR  
SEXUALLY ORIENTED BUSINESS LICENSE**

*This application has five (5) sections, and ALL applicants must complete ALL sections.*

**SECTION 1. GENERAL APPLICANT INFORMATION**

The applicant is the business entity desiring to operate the business.

Applicant name: \_\_\_\_\_

Applicant's tax identification number: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

Applicant's registered agent: \_\_\_\_\_

Registered agent's street address: \_\_\_\_\_

If the applicant intends to conduct activities under a name other than that of the applicant, identify all fictitious names for the business: \_\_\_\_\_

*Attach proof of registration with State of Florida*

The contact is the person authorized by the applicant to execute and submit this application to City.

Contact name: \_\_\_\_\_

Contact's mailing address: \_\_\_\_\_

Contact's email address: \_\_\_\_\_

Contact's telephone number: \_\_\_\_\_

**SECTION 2. LOCATION INFORMATION**

The site is the real property where the applicant desires to operate the business.

Site street address: \_\_\_\_\_

Site tax identification number: \_\_\_\_\_

Property owner name: \_\_\_\_\_

Property owner's contact name: \_\_\_\_\_

Property owner mailing address: \_\_\_\_\_

Property owner email address: \_\_\_\_\_

Property owner telephone number: \_\_\_\_\_

Attachments

*Attach legal description of site*

*Attach copy of lease between property owner and applicant, as applicable*

*Attach notarized statement of consent from real property owner*

**SECTION 3. OPERATIONAL INFORMATION**

**License Classification (check only ONE)**

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Bookstore / Adult Video Store | <input type="checkbox"/> Adult Theater                           |
| <input type="checkbox"/> Adult Performance Establishment     | <input type="checkbox"/> Commercial Bodily Contact Establishment |
| <input type="checkbox"/> Adult Motel                         | <input type="checkbox"/> Escort Service                          |

Proposed Hours of Operation: \_\_\_\_\_

Telephone numbers of business: \_\_\_\_\_

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Worker Information

List names and ages of all workers for the proposed business. If presently unknown, provide a statement to that effect and confirm that names of workers shall be provided to the City when the names become known to the applicant. *Attach additional sheets if necessary.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Floor plan

*Attach floor plan*

The applicant must operate pursuant to a submitted floor plan (drawn to scale of the proposed premises indicating the areas to be covered by the license). The plan must identify all windows, doors, entrances and exits and the fixed structural features, walls, stages, partitions, projection booths, admission booths, adult booth, concession booths, stands, counters and similar structures of the establishment or business to which the proposed license pertains. The term "fixed structural features" shall include immovable partitions and counters and similar structure that are intended to be permanent.

**SECTION 4. DETAILED APPLICANT INFORMATION**

Applicant is a(n)

Corporation, registered in State of \_\_\_\_\_

Tax identification number: \_\_\_\_\_

Names and titles of the officers are \_\_\_\_\_

Names of the directors are \_\_\_\_\_

Names of principal stockholders are \_\_\_\_\_

*Complete personal information form for each officer, director and principal stockholder of the corporation*

*Attach certified copy of articles of incorporation*

*Attach proof of active state registration identifying current registered agent name and address*

Limited liability company, registered in State of \_\_\_\_\_.

Names and titles of the officers are \_\_\_\_\_

Names of the directors are \_\_\_\_\_

Names of members are \_\_\_\_\_

*Complete personal information form for each officer, director and member of the company*

*Attach certified copy of articles of organization*

*Attach proof of active state registration identifying current registered agent name and address*

Partnership, registered in State of \_\_\_\_\_.

Indicate whether general partnership or limited partnership: \_\_\_\_\_

Names of the partners are \_\_\_\_\_

*Complete personal information form for each partner*

*Attach copy of active state registration or other proof identifying current registered agent name and address*

*Attach copy of partnership agreement*

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\_\_\_ Trust, under trust agreement dated \_\_\_\_\_  
Indicate whether trust is revocable or irrevocable: \_\_\_\_\_  
Names of the trustee(s) is \_\_\_\_\_  
*Complete personal information form for each trustee*  
*Attach copy of trust agreement*

\_\_\_ Other business entity (including individually owned businesses)  
Registered in State of \_\_\_\_\_, as applicable.  
Names of the principal owners are \_\_\_\_\_  
*Complete personal information form for each principal owner.*  
*Attach certified copy of organizational documents, as applicable.*  
*Attach copy of active state registration identifying current registered agent name and address, as applicable.*

**SECTION 5. AFFIDAVIT AND AUTHORIZED SIGNATURE OF APPLICANT**

On behalf of the applicant and myself, I hereby swear or affirm that

1. All of the information contained in this application is true and correct.
2. I have the lawful right and authority to file this application on behalf of the applicant listed above.
3. I acknowledge and agree that the applicant is under a continuing duty and obligation to disclose to the City of Melbourne any and all changes or alterations in the information or disclosures made in this application and City of Melbourne Adult Entertainment Code, whether caused by a change in circumstances or erroneous information provided. (A copy of the City of Melbourne Adult Entertainment Code is available online at [www.MelbourneFlorida.org](http://www.MelbourneFlorida.org) as Chapter 4 of City Code.)
4. I understand that submission of this application initiates a process and does not imply approval by the City of Melbourne.
5. I understand that it is unlawful for any person applying for an adult entertainment establishment or sexually oriented business license to make a false or misleading statement or provide false or misleading information, which is intended to facilitate the issuance of a license.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ by \_\_\_\_\_,  who is personally known to me or  who produced his/her \_\_\_\_\_ driver's license as identification.

\_\_\_\_\_  
Notary Public  
Printed Name: \_\_\_\_\_

My commission expires:

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**PERSONAL INFORMATION FORM**

This form must be completed for each of the following: each officer, director and principal shareholder of the corporate applicant, each officer, director and member of the limited liability applicant, each partner of the partnership applicant, each trustee of the trust applicant, and each individual owner of any other business entity applicant.

Full legal name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Gender (circle): Male or Female

Weight: \_\_\_\_ lbs

Height: \_\_\_\_\_

Eye color: \_\_\_\_\_

**Attachments**

*Attach proof of your age (driver's license, state issued identification card, voter registration card or certified copy of birth certificate)*

*Attach recent color photograph of you in passport size*

*Attach complete set of your fingerprints*

Relationship to applicant (Identify as officer, director, principal shareholder, member, general partner, limited partner, trustee, or self): \_\_\_\_\_

Within the previous five years, have you been convicted of a criminal act involving a violation of the City's Adult Entertainment Code, any felony, sexual battery, prostitution, lewdness; indecent exposure, bigamy; incest, obscene literature; profanity, and analogous federal/state/local governmental laws? (See Sec. 4-36(d), Melbourne City Code)  No  Yes, describe: [Use additional sheets as necessary.]

Describe criminal act: \_\_\_\_\_ Conviction date: \_\_\_\_\_ Place: \_\_\_\_\_

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Have you ever been an owner of a business whose license for adult entertainment has been suspended or revoked? (See Sec. 4-36(e), Melbourne City Code)  No  Yes, describe: [Use additional sheets as necessary.]

License Number: \_\_\_\_\_ Date suspended/revoked: \_\_\_\_\_ Place: \_\_\_\_\_

License Number: \_\_\_\_\_ Date suspended/revoked: \_\_\_\_\_ Place: \_\_\_\_\_

Are you now or have you ever been an owner of a business licensed under the City of Melbourne Adult Entertainment Code? (See Sec. 4-36(f), Melbourne City Code)  No  Yes, describe: [Use additional sheets as necessary.]

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby swear or affirm that

1. All of the information contained in this personal information form and the application is true and correct.
2. I acknowledge and agree that the applicant is under a continuing duty and obligation to disclose to the City of Melbourne any and all changes or alterations in the information or disclosures

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made in this application and City of Melbourne Adult Entertainment Code, whether caused by a change in circumstances or erroneous information provided. (A copy of the City of Melbourne Adult Entertainment Code is available online at [www.MelbourneFlorida.org](http://www.MelbourneFlorida.org) as Chapter 4 of City Code.)

3. I understand that it is unlawful for any person applying for an adult entertainment establishment or sexually oriented business license to make a false or misleading statement or provide false or misleading information, which is intended to facilitate the issuance of a license.

Signature: \_\_\_\_\_

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ by \_\_\_\_\_,  who is personally known to me or  who produced his/her \_\_\_\_\_ driver's license as identification.

\_\_\_\_\_  
Notary Public

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

My commission expires:

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**STATEMENT OF CONSENT OF REAL PROPERTY OWNER**

I hereby swear or affirm that

1. \_\_\_\_\_ (the "Owner") is the owner of that certain real property described as

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

*[insert legal description]*

and generally referred to as \_\_\_\_\_ *[insert address]*, referred to herein as the "Premises").

2. The Owner has granted me the lawful right and authority to authorize the use of the Premises.  
3. The Premises are subject to a lease between the Owner and \_\_\_\_\_ *[insert applicant name]*.  
4. The Owner authorized the use of the Premises for an adult entertainment establishment or sexually oriented business license classified as \_\_\_\_\_ *[insert classification]*.

Signature: \_\_\_\_\_

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_ by \_\_\_\_\_,  who is personally known to me or  who produced his/her \_\_\_\_\_ driver's license as identification.

\_\_\_\_\_  
Notary Public

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

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