



CITY OF JANESVILLE
 Adult Entertainment License Application (LX)
 Licensing Period: July 1 through June 30

- New
 Renewal (Due April 15th)

New Fee: \$750.00
 Renewal Fee: \$175.00
 City Ordinance 5.82

City of Janesville ordinance 5.02 requires accounts with the City be current before a license can be issued.
 Fee is non-refundable.

New Applicant Requirements:

- 1) 18 years of age - Copy of Driver's License or State ID
- 2) Diagram/Blueprints of Premise must be attached hereto
- 3) Diagram of Site/Location Zoning & Distancing compliance must be attached hereto

Renewal Applicants:

Any changes in ownership or operation of the business since the last application was submitted? Yes No

If yes, describe changes: _____

If yes, you may need to complete a "New" license application. Please discuss the changes with the City Clerk's Office before continuing with this renewal application.

Trade Name: _____

Trade Address: _____
Street City State Zip

Business Phone Number: _____ Opening Date: _____

Description of Services to be provided: _____

Check One: Sole Proprietor Partnership LLP LLC Corporation

Date and State of Registration: _____

Licensee's Legal Name: _____

Applicant's Legal Name: _____
(Sole Proprietor, General Partner, Registered Agent, Manager, or other person in charge)

Home Address: _____ Phone Number: _____
Street City State Zip

Date of Birth: _____

Do you hold any other licenses within the City of Janesville? Yes No

If yes, list licenses below:

<u>Type of License</u>	<u>Trade Name</u>	<u>Address of Business</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of violating any provision of Ordinance Chapter 5.82? Yes No

If yes, list dates and violations:

<u>Date</u>	<u>Violation</u>	<u>Arresting Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the names of all principals, officers, directors, members, partners, managers, agents, or persons in charge who will be directly and regularly participating in the day to day management of the business. Attach additional pages if necessary.

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The applicant(s) hereby certify that this application and all attachments hereto are complete and true and that the questions were answered fully and truthfully. The applicant(s) freely, knowingly, and voluntarily agree to be bound by each and every requirement set forth in Chapter 5.82.

Signature of Agent or Sole Proprietor

Date

Signature of Officer, Partner, or Manager

Date

STATE OF WISCONSIN

Rock County

Subscribed and sworn to before me this) ss.

_____ day of _____, 20____

Notary Public State of Wisconsin

My Commission Expires: _____

Office Use Only:

Recommended for License: Yes No

Reasons if not recommended for license:

Police Department

Date

License Number: