



FORT WAYNE, INDIANA

**APPLICATION FOR SEXUALLY ORIENTED BUSINESS
EMPLOYEE LICENSE**

1. Applicant's full legal name: _____

2. Any other names/aliases used in last five years: _____

3. Current business/mailling address: _____

4. Is written proof of age (current driver's license, OR picture identification document bearing your date of birth issued by a governmental agency, OR a copy of your birth certificate accompanied by a picture identification document issued by a governmental agency) attached?

Yes No

Are you 18 years of age or older?

Yes No

5. Have you been convicted of or pled guilty or nolo contendere to a specified criminal activity? [See Code § 121.02 for definition of "specified criminal activity"]

Yes No

If yes, then for each such conviction, guilty plea, or plea of nolo contendere, state:

a) The offense: _____

b) Court in which charged: _____

c) The date of conviction or plea: _____

d) The place of conviction or plea: _____

e) Date of release from confinement: _____

[If additional space is needed, check here ____ and respond further on a separate sheet.]



6. Have you had an influential interest in a sexually oriented business that, in the past five years (and while you had such influential interest), has been declared by a court of law to be a nuisance or has been subject to a court order requiring closure of the business?
[See Code § 121.03(C)(7); see Code § 121.02 for definition of “influential interest”]

Yes No

If yes, please provide the following:

a) Name of business: _____

b) City, county, and state where such business is/was located:

c) Court and date of court’s order: _____

[If additional space is needed, check here ____ and respond further on a separate sheet.]

7. Circle which fee/amount is attached: [See Code § 121.05]
(Please make checks payable to City of Fort Wayne.)

\$50 initial fee for sexually oriented business employee license

\$25 annual renewal fee for sexually oriented business employee license

8. If you seek licensure to work in a sexually oriented business that is currently licensed by the City of Fort Wayne, please provide the name and address of that business:

9. Email address for corresponding about this application: _____

By signing this application, you represent that the information contained herein is true, complete, and accurate. This application must be notarized. You must file this application in person at the office of the Police Chief. You are responsible to supplement the information provided on this form within ten (10) working days of a change of circumstances which would render the information originally submitted false or incomplete, and you must make such supplementation in writing by certified mail, return receipt requested, to the Police Chief.

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____