



**FORT WAYNE, INDIANA**

**LICENSE  
SEXUALLY ORIENTED BUSINESS EMPLOYEE**

License No. \_\_\_\_\_

Issued: \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Issued by: \_\_\_\_\_

Police Chief