

SEXUALLY ORIENTED BUSINESS EMPLOYEE APPLICATION **EBL#**

FEE: \$50.00 { } NEW \$25.00 { } RENEWAL **DATE:**

ACCURACY IS IMPORTANT - CHECK ALL ANSWERS FOR ACCURACY. FALSE OR INCOMPLETE ANSWERS OR OMISSIONS MAY RESULT IN NON-ACCEPTANCE, DENIAL OR SUBSEQUENT REVOCATION OF LICENSE.

SECTION I. ESTABLISHMENT INFORMATION

Establishment Name	
Establishment Street Address	
City, State, Zip	Phone Number

SECTION II: APPLICANTS INFORMATION

Applicant's Name	Last	First	MI
Address	Phone Number		
City, State, Zip			
Title/Position at Establishment			
Date of Birth	Month	Day	Year
Place of Birth	City	State	Country
Color of Eyes	Weight	Height	Color of Hair
Sex { } Male { } Female			

SECTION III: APPLICANT'S HOME ADDRESS HISTORY FOR PAST 3 YEARS

From	To	Complete Address	City, State, Zip
	Present		

SECTION IV: APPLICANT'S BUSINESS, OCCUPATION, OR EMPLOYMENT HISTORY FOR PAST 3 YEARS

From	To	Business Name	City, State, Zip

SECTION V: BACKGROUND INFORMATION - PLEASE READ CAREFULLY. IF NOT ANSWERED FULLY AND COMPLETELY, IT COULD BE CAUSE FOR YOUR LICENSE REQUEST TO BE DENIED.

Have you ever been convicted in a court of competent jurisdiction of a felony or misdemeanor involving prostitution, indecent exposure, pornography or other crimes involving moral turpitude? { } Yes { } No If Yes, complete the following :

Date	Offense	Location of Conviction	Penalty Assessed

Mailing Address
P.O. Box 398, 315 Bridge St.
Elk Rapids, MI 49629

VILLAGE OF ELK RAPIDS

Telephone: (231) 264-9274
Fax: (231) 264-6337

SECTION VI: SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby certify that all answers and information on this application are true and correct. Any false, misleading, or incomplete information constitutes grounds for denial of this license.

I hereby give consent to the Village of Elk Rapids to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the Village of Elk Rapids or its agents and employees, and against any other individual or agency disclosing or releasing background information to the Village of Elk Rapids. I also certify that I am familiar with the Code provisions governing the Sexually Oriented Business Employee License.

Print Name

Signature

Date

Copy of Drivers License

For Office Use Only

Filing Fee Paid { } Yes { } No

Date Paid:

License Approved { } Yes { } No

Date:

Approved By: