

All fees are **NON-REFUNDABLE**, the issuance of a license does not guarantee employment of any kind.

Sexually Oriented Business Manager/Entertainer/Security License Application

	Incomple	ete applications will not be accepted.		
☐ New	☐ Entertainer Licer	nse	SOB License #	
☐ Renewal	☐ Manager License	?		
	SecurityLicense			
Applicant Name:				
Alias or Stage Nan	ne(s):			
Phone Number:		E-mail:		
Physical Address				
City		State	Zip Code	
Mailing Address				
City		State	Zip Code	
Personal Inform	ation			
Date of Birth:		Birthplace (City & State):		
Social Security #:		Driver's License #:	State:	
Height:	Weight:	Eye Color:	Hair Color:	
Please check the A	Adult Cabaret(s) you will	be working at:		
☐ Astro Lounge	Inc., 822 Pilot Butte, Fr	ank Lew Owner		
☐ Bare Back Sa	loon, 729 Pilot Butte, Sc	hi. Rocks LLC/ Marcus Hadlock	Owner	
☐ Club 307 , 15	06 1/2 9th Street, Simba	Inc, Frank Lew Owner		

parking violations or minor traffic infractions. (Attach additional sheets if necessary.) Charge: Conviction Date: Charge: Conviction Date: Charge: Conviction Date: Conviction Date: Charge: Charge: Conviction Date: Conviction Date: Charge: Application Attachments: ☐ Documentation that the applicant has attained the age of 21 years. Any of the following shall be accepted as documentation of age: A copy of applicants fingerprints taken by a Rock Springs Police Department employee. a. A motor vehicle operator's license issued by any state bearing the applicant's photograph and date of birth. b. A state issued identification card bearing the applicants photograph and date of birth. c. An official passport issued by the United States of America. d. An immigration card issued by the United States of America. e. Any other identification that the city determines to be acceptable. ■ Nonrefundable application and license fee of \$100.00. I, the undersigned, herby declare, under penalty of perjury, that the foregoing statements and answers herein and all data, information, documents, and evidence herewith submitted are to the best of my knowledge and belief true and correct. FURTHER, I HEREBY AUTHORIZE the City of Rock Springs, its agents and employees, to seek any information necessary to confirm any of the statements set forth in this application. Applicant Signature: Date: Temporary License Issued: Expires: Picture License Issued: Expires: **DEPARTMENT RECOMMENDTIONS:** The Rock Springs Police Department recommends /does not recommend that a license be issued to this applicant. Dated this day of _____, 20____. Department Representative _____

List below a complete statement of <u>all</u> convictions of the applicant for any misdemeanor or felony violations in this or any other city, county, or state within **five (5) years** immediately preceding the date of the application, except