

Sexually Oriented Business Manager/Entertainer/Security License Application

Incomplete applications will not be accepted.						
New	Entertainer Lice		SOB License #			
🗌 Renewal	Manager Licens					
	SecurityLicense	2				
Applicant Name:						
Alias or Stage Name(s):					
Phone Number:		E-mail:				
Physical Address						
City		State	Zip Code			
Mailing Address						
City		State	Zip Code			
Personal Information	on					
Date of Birth:		Birthplace (City & State):				
Social Security #:		Driver's License #:	State:			
Height:	Weight:	Eye Color:	Hair Color:			

Please check the Adult Cabaret(s) you will be working at:

Astro Lounge Inc., 822 Pilot Butte, Frank Lew Owner

Bare Back Saloon, 729 Pilot Butte, Schi. Rocks LLC/ Marcus Hadlock Owner

Club 307, 1506 1/2 9th Street, Simba Inc, Frank Lew Owner

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 parking violations or minor traffic infractions. (Attach additional sheets if necessary.)

Charge:	Conviction Date:
Charge:	Conviction Date:

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:	
DEF	PARTMENT RECOMMENDTIONS:	
The Rock Springs Police Department license be issued to this applicant.	recommends	/does not recommend that a
Dated thisday of, 20	Department Representative	