

City of Franklin
 430 Thirteenth Street
 Franklin, PA 16323
 (814) 437-1430 x128

ADULT ORIENTED BUSINESS LICENSE APPLICATION

1. Type of License		2. Business Information				
<input type="checkbox"/> Adult Oriented Business <input type="checkbox"/> Adult Oriented Business Employee		Name				
		Address				
Date Issued	License#	Phone Number	Zoning	Map Number		
3. Applicant (see instructions)						
Name Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			Date of Birth		Age	
			Place of Birth			
			Height	Weight	Hair Color	Eye Color
AKA (include "stage names")			SSAN or Tax ID			
Residence Address			Residence Phone Number			
Mailing Address			Other Phone Number			
Drivers License Number	Issuing State	Other ID Number		Issuing Authority		
4. License History						
<input type="checkbox"/> Applicant has held the type of license applied for in this or another jurisdiction <input type="checkbox"/> Applicant or anyone residing with the applicant has had the type of license applied for suspended, revoked or denied by this or another jurisdiction (if either box is checked, complete blocks below as applicable)						
When			Where			
Reason and whom						
5. Criminal History						
<input type="checkbox"/> Applicant and anyone residing with the applicant HAS NOT been convicted of a "specified criminal activity" as defined and described in the instructions section of this application <input type="checkbox"/> Applicant or someone residing with applicant HAS BEEN convicted of a "specified criminal activity" as defined and described in the instructions section of this application (if checked, complete blocks below as applicable)						
Specified Criminal Activity		Date of Conviction		Date Paroled		
6. CERTIFICATION						
I hereby certify that the information contained here within is true and correct to the best of my information, knowledge and belief. Furthermore I understand that supplying false or misleading information is cause for this application to be denied and I can be prosecuted for a crime.						
Signature of Applicant (see instructions)				Date		

City of Franklin
430 Thirteenth Street
Franklin, PA 16323
(814) 437-1430 x128

ADULT ORIENTED BUSINESS LICENSE APPLICATION

*****THIS PAGE FOR OFFICIAL USE ONLY*****

The attached application has been received and reviewed. I hereby authorized the following action:

APPROVAL

DENIAL

City of Franklin Police Chief

Signature:

Date:

Comments:

The attached application has been received and reviewed. I hereby authorized the following action:

APPROVAL

DENIAL

City of Franklin Fire Chief

Signature:

Date:

Comments:

The attached application has been received and reviewed. I hereby authorized the following action:

APPROVAL

DENIAL

City of Franklin Code Enforcement Officer

Signature:

Date:

Comments:

The attached application has been reviewed and investigated pursuant to Article 307 the City of Franklin Adult Oriented Business License Ordinance and I hereby authorize the following action:

APPROVAL

DENIAL

City of Franklin Code Enforcement Officer

Signature:

Date:

Comments:

The attached applicant license previously issued is hereby SUSPENDED and/or REVOKED for the following reason(s):

Signature:

Date:

City of Franklin
430 Thirteenth Street
Franklin, PA 16323
(814) 437-1430 x128

ADULT ORIENTED BUSINESS LICENSE APPLICATION

INSTRUCTIONS

Please print legibly

1. Select only one type of license that you are applying for.
2. Name, address and phone number of business.
 - a. If applying for an employee license, the information is the business where employee will be working.
 - b. If the applicant intends to operate the adult oriented business under a name other than that of the applicant, he or she must state (i) the adult oriented business' fictitious name and (ii) submit the required registration documents.
3. Applicant Information
 - a. If applicant is an individual, the individual shall indicate his or her legal name and any aliases or "stage names", and submit proof that he or she is at least eighteen (18) years of age; or
 - b. If applicant is a partnership, the partnership shall indicate its complete name, and the name of all partners, whether the partnership is general or limited, and a copy of the partnership agreement, if any; or
 - c. If applicant is a corporation, the corporation shall state its complete name, the date of its incorporation, evidence that the corporation is in good standing under the laws of its state of incorporation and qualified and authorized to conduct business in Commonwealth of Pennsylvania, the names and capacity of all officers, directors and principal stockholders, the names of the registered corporate agent and the address of the registered office for service of process.
 - d. The applicant's mailing address and residential address.
 - e. The applicant's date of birth and age.
 - f. The applicant's country, state and city of birth.
 - g. The applicant's height, weight, hair and eye color.
 - h. The applicant's driver's license number or other identification and type, social security account number, and his or her state or federally issued tax identification number.
4. History of the applicant, or a person residing with the applicant.
 - a. Indicate if a previous license under this Ordinance or other similar adult oriented business ordinance from another municipality, state or county was denied, suspended or revoked. Include the name and location of the adult oriented business for which the permit was denied, suspended or revoked, and whether the applicant or a person residing with the applicant has been a partner in a partnership or an officer, director or principal stockholder of a corporation that is licensed by the City of Franklin or other similar adult oriented business from another municipality, state or county whose license has previously been denied, suspended or revoked, including the name and location of the adult oriented business for which the permit was denied, suspended or revoked as well as the date of denial, suspension or revocation.
 - b. When license was held date or dates.
 - c. Where license was held (country, state, municipality).
 - d. Reason for any suspension, revocation or denial of license and/or whom held license.

City of Franklin
430 Thirteenth Street
Franklin, PA 16323
(814) 437-1430 x128

ADULT ORIENTED BUSINESS LICENSE APPLICATION

5. Indicate whether or not the applicant, or a person residing with the applicant, has been convicted of a specified criminal activity as defined as follows:
 - a. **Specified Criminal Activity**
 - i. **Prostitution or promotion of prostitution**
 - ii. **Dissemination of obscenity**
 - iii. **The sale, distribution or display of harmful material to a minor**
 - iv. **Sexual performance by a child**
 - v. **Possession or distribution of child pornography**
 - vi. **Public lewdness**
 - vii. **Indecent exposure**
 - viii. **Indecency with a child**
 - ix. **Engaging in organized criminal activity**
 - x. **Sexual assault**
 - xi. **Molestation of a child**
 - xii. **Gambling**
 - xiii. **Distribution of a controlled substance**
 - xiv. **Any similar offenses to those described above under the criminal or penal code of other states or countries**
 - b. The specified criminal activity involved.
 - c. The date of conviction.
 - d. The date paroled for specified criminal activity.
6. Certification (read application carefully before signing).
 - a. Signature of applicant. If partnership or corporation **each person with 20% or greater interest in business must complete separate application.**
 - b. Date of application.

All applications for an Adult Oriented Business License and Employee License must have the following information at the time application is submitted or application will be denied:

1. A color photograph of the applicant clearly showing the applicant's face. **(see note*)**
2. The applicant's fingerprints on a form provided by the City of Franklin Police Department.
3. A statement from the Chief of Police of the Franklin Police Department indicating whether applicant has been convicted of any of the "specified criminal activities".
 - a. If statement indicates that applicant has been convicted of any "specified criminal activity", it shall also include type of crime, date of conviction and/or parole date.
4. A sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business. **(see note**)**
 - a. The sketch or diagram need not be professionally prepared, but it must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches.
5. Application fee.

note* Can be valid photo Drivers License

note** Not required if applying for employee license