

# LICENSE APPLICATION FOR LIVE ADULT ENTERTAINER

(Includes Escort Service, Live Adult Entertainer and/or Live Adult Entertainer Business)

## In the City of West Fargo

Ordinance Number 10-1301 to 10-13014



<b>Application Date:</b>	<b>License Expire Date: December 31, 20</b> _____
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**PLEASE TYPE OR PRINT LEGIBLY**

<b>PART 1 – BUSINESS NAME &amp; INFORMATION</b>		
<b>Business Name:</b>		
<b>Local Business Address:</b>		
City:	State:	Zip:
Local Business Phone Number:		
<b>Permanent Business Address:</b>		
City:	State:	Zip:
Permanent Business Phone Number:		
<b>PART 2 – APPLICANT NAME &amp; INFORMATION OF (BUSINESS OWNER AND/OR MANAGER)</b>		
<b>Applicant’s Name:</b> First: _____ Middle: _____ Last: _____		
<b>Local Home Address:</b>		
City:	State:	Zip:
Local Home Phone Number:		
Applicants (date of birth):		
Applicants Driver’s License Number:		State:
<b>Permanent Home Address:</b>		
City:	State:	Zip:
Permanent Home Phone Number:		
<i>Has the applicant pled guilty to or been found guilty of a felony offense? If so, please explain.</i>		
<i>Has the applicant pled guilty to or been found guilty of a misdemeanor offense? If so, please explain.</i>		
<b>PART 3 – FULL &amp; COMPLETE DESCRIPTION</b>		
Describe the full and complete description of activities that the applicant intends to undertake and/or merchandise to be sold in the City of West Fargo.		
<b>PART 4 - SIGNATURE OF PERSON SUBMITTING APPLICATION</b>		
Signature of Person Submitting Application:		Date Submitted:

**PART 1 - INDIVIDUAL AND/OR EMPLOYEE APPLICATION INFORMATION**

Please print information below or provide a list with information requested

Name (first, middle, last):	Address:	City:	State:	Zip:
		Phone:	DOB:	

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Has the applicant pled guilty to or been found guilty of a felony offense?  
If so, please explain.

Has the applicant pled guilty to or been found guilty of a misdemeanor offense?  
If so, please explain.

**PART 2 - FULL & COMPLETE DESCRIPTION**

Describe the full and complete description of activities that the applicant intends to undertake and/or merchandise to be sold in the City of West Fargo.

**PART 3 - SIGNATURE OF PERSON SUBMITTING APPLICATION**

Signature of Person Submitting Application:	Date Submitted:
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**BACKGROUND APPROVED (Police Department)**

Yes  No

Signature of Authorized Police Employee:	Date Approved:
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**LICENSE APPROVED (City Administrator)**

Yes  No

Signature of City Administrator:	Date Approved:
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**LICENSE INFORMATION**

New License Fee	\$25
Renewal License Fee	\$25

**PAYABLE TO: CITY OF WEST FARGO**

<b>RETURN TO</b>	CITY OF WEST FARGO CITY ADMINISTRATOR OFFICE 800 4 AVENUE EAST, SUITE 1 WEST FARGO, ND 58078 PHONE: 701-515-5000
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