

CITY OF POCATELLO

APPLICATION FOR LICENSE – SEXUALLY ORIENTED BUSINESS

INSTRUCTION SHEET

APPLICANT:

1. Complete the enclosed information for your sexually oriented business and any employees. Complete the business information in the top boxes on the fire and planning forms.
2. Be sure to complete the affidavit on page 6 and have the form notarized. You must show picture ID and sign in presence of the notary.
3. For a license renewal please mail the completed application form and fee to the Pocatello Police Department, PO Box 2877, Pocatello ID 83206, at least thirty days before the license expires.
4. **If this is a NEW facility**, the owner and any employees will need to come to the Pocatello Police department to pay. You will be given a receipt, be fingerprinted and photographed for the background check.
5. The application for a **NEW** sexually oriented business license shall be accompanied by a sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business. The sketch or diagram need not be professionally prepared but shall 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 inches.



SEX BUSINESS EMPLOYEE LICENSE APPLICATION



***** USING BLUE OR BLACK INK, COMPLETE EACH SECTION. *****
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

OWNER _____ EMPLOYEE _____ NEW _____ RENEWAL _____

NAME . _____
Last First Middle Name

(Maiden)

PHYSICAL ADDRESS _____

_____ City State Zip Phone

YOUR EMAIL ADDRESS: _____

NAME/ADDRESS/PHONE # OF BUSINESS: _____

LIST WHERE YOU HAVE LIVED FOR THE **PAST TEN YEARS**, ONE LINE PER CITY, BEGIN WITH YOUR CURRENT CITY: (not needed for renewals)

YEARS (example 2002-2012)	CITY	STATE	ZIP CODE

DATE OF BIRTH _____ SOCIAL SECURITY # _____

CITY AND STATE OF YOUR BIRTH _____ SEX _____

HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____ RACE _____

DRIVER'S LICENSE # _____ STATE _____ CLASS _____

HAVE YOU BEEN LICENSED TO DRIVE IN ANOTHER STATE? _____ STATE(S) _____

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR ADMITTED TO ANY VIOLATION OF CRIMINAL LAW OR HAD A WITHHELD JUDGEMENT FOR ANY CRIME COMMITTED: _____

IF YES, PROVIDE DATE, VIOLATIONS, AND LOCATION OF OFFENSE BELOW. USE A SEPARATE SHEET, IF NECESSARY

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED

I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5.60, AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.

SIGNATURE OF APPLICANT _____ Date _____

***** CITY USE ONLY BELOW*****

RECORDS CHECK COMPLETED BY: _____ DATE _____

Local: Yes No Attached ISTARs: Yes No Attached

IHOT: Yes No NCIC: Yes No D.L. Valid: Yes
No

New applicants only: Return from BCI-Fingerprints _____

RECOMMENDATION TO MAYOR /COUNCIL _____ APPROVE _____ DISAPPROVE

SIGNATURE OF POLICE _____ DATE _____

SIGNATURE OF CLERK _____ DATE _____

LICENSE # BL _____

LICENSE # PL _____

LICENSE # PL _____

CITY OF POCA TELLO
SEXUALLY ORIENTED BUSINESS - APPLICATION FOR LICENSE

_____, whose name is undersigned hereby applies for license to operate and conduct a sexually oriented business to be known as _____ and located at _____ in the City of Pocatello, phone number _____.

The undersigned hereby represents that s/he is the operator of the sexually oriented business mentioned in the application and for which a license is requested; that s/he accepts all of the terms, regulations, and conditions prescribed by Ordinance No. 2660 of the Pocatello Municipal Code, and any other special conditions of license as prescribed by the Council, under which said sexually oriented business is to be operated.

DATED this _____ day of _____, 20_____.

Signature of Applicant

REVIEW FORM

	APPROVAL	DISAPPROVAL
POLICE DEPARTMENT	_____	_____
PLANNING AND DEVELOPMENT SERVICES	_____	_____
FIRE DEPARTMENT	_____	_____

LIST OF OWNER(S) AND EMPLOYEES RECEIVED? _____

BUSINESS FALLS WITHIN THE DEFINITION OF THE ORDINANCE AND COMPLIANCE WITH ZONING AND CODE REQUIREMENTS VERIFIED? YES__NO__

OTHER CONDITIONS OF LICENSE PRECRIBED BY COUNCIL _____

SKETCH/DRAWING RECEIVED AND APPROVED? YES__ NO__

LICENSE #BL_____

LICENSING APPROVAL AND DATE

SEXUALLY ORIENTED BUSINESS
APPLICATION FOR LICENSE
FIRE INSPECTION

NAME OF BUSINESS: _____ PHONE: _____

ADDRESS: _____

NAME OF BUSINESS OWNER: _____ HOURS OF
OPERATION: _____

City use only below this line

SQUARE FOOTAGE DETERMINED FOR USE OF THE BUSINESS: _____

IS THIS SQUARE FOOTAGE ADEQUATE FOR THE PROPOSED NUMBER OF
EMPLOYEES/CUSTOMERS? _____

IF NOT, WHAT IS THE MAXIMUM NUMBER OF PERSONS ALLOWED TO BE IN THE BUSINESS AT
ONE TIME? _____

COMMENTS – RECOMMENDATIONS: _____

RECOMMENDATION TO MAYOR & COUNCIL: _____ APPROVE _____ DISAPPROVE

Fire Department

Date

(PLEASE ATTACH ALL PERTINENT DOCUMENTS, INSPECTION FORMS, SKETCHES, ETC.)

SEXUALLY ORIENTED BUSINESS
APPLICATION FOR LICENSE
PLANNING AND DEVELOPMENT SERVICES REVIEW

NAME OF BUSINESS: _____ PHONE: _____

ADDRESS: _____

NAME OF BUSINESS OWNER: _____

HOURS OF OPERATION: _____

NUMBER OF EMPLOYEES PROPOSED: _____

ZONING DISTRICT THE SEXUALLY ORIENTED BUSINESS IS LOCATED IN _____

City use only below this line

COMMENTS – RECOMMENDATIONS: _____

IS A CONDITIONAL USE PERMIT REQUIRED? _____

DATE CONDITIONAL USE PERMIT WAS APPROVED BY THE COUNCIL: _____

RECOMMENDATION TO MAYOR & COUNCIL: _____ APPROVE _____ DISAPPROVE

Department

Date

(PLEASE ATTACH ALL PERTINENT DOCUMENTS)

AFFIDAVIT

COMES NOW, _____ and hereby deposes and swears as follows:

- 1. I am _____.
- 2. I am the owner/operator of _____ a sexually oriented business.
- 3. I hereby certify that I am maintaining compliance with the City Code, and the premises will be available for inspection.
- 4. I hereby acknowledge that I understand any false statements in this affidavit and/or my application, and/or failure to comply with any of the licensing requirements could be grounds for license denial and/or license revocation.

OWNER/OPERATOR
(Must sign in presence of notary.)

State of Idaho)
) §
County of Bannock)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20_____.

NOTARY PUBLIC FOR IDAHO
Residing in:
My commission expires: