



Badge # _____
Year _____

APPLICATION FOR EMPLOYEES OF ADULT ORIENTED BUSINESS' LICENSE
New Application

CIRCLE ONE: MANAGER	SERVER	ENTERTAINER
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Legal Name _____ DOB ____ / ____ / ____
 Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Ks. D.L. Number _____ Expires ____ / ____ / ____
 SSN _____ M ____ F ____ Weight _____ Height _____ Hair _____ Eyes _____
 Name of Adult Oriented Business (s) that you plan to work for _____
 Address _____ City _____ State _____ Zip _____

YOUR RECORDS WILL BE CHECKED!
FAILURE TO LIST FULL AND CORRECT INFORMATION WILL RESULT IN DENIAL OF THIS APPLICATION.

WITHIN THE LAST 5 YEARS:

Have you **EVER** been convicted of, diverted prosecution for, or released from confinement for conviction of a felony
 Yes No If yes, when, where and for what offenses.

DATE	WHERE	OFFENSE

WITHIN THE LAST 2 YEARS:

Have been convicted of, diverted prosecution for, or released from confinement for a conviction of a misdemeanor?
 Yes No If yes, when, where, and for what offenses.

DATE	WHERE	OFFENSE

I understand that this application must be submitted to the City Clerk's office with proof of identification and the application fee. I agree to comply with all requirements of the Salina Code and regulations relating to employees of Adult-Oriented Business'. **I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application. I understand that my records will be checked and if I am found to have misrepresented the facts in this application it will be denied.**

Date _____ Signature _____

Fee paid \$ _____ Receipt No. _____ Date _____ Received by _____

Recommended for approval by the Salina Police Department. Yes No

If No see additional information attached.

Date _____ Police Department _____

Approved / Denied

Date _____ City Manager _____

Comments:

Approved / Denied

Date _____ City Clerk _____
