

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



Application Date:	License Expire Date: December 31, 20 _____
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PLEASE TYPE OR PRINT LEGIBLY

PART 1 – BUSINESS NAME & INFORMATION		
Business Name:		
Local Business Address:		
City:	State:	Zip:
Local Business Phone Number:		
Permanent Business Address:		
City:	State:	Zip:
Permanent Business Phone Number:		
PART 2 – APPLICANT NAME & INFORMATION OF (BUSINESS OWNER AND/OR MANAGER)		
Applicant’s Name: First:	Middle:	Last:
Local Home Address:		
City:	State:	Zip:
Local Home Phone Number:		
Applicants (date of birth):		
Applicants Driver’s License Number:		State:
Permanent Home Address:		
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>		
PART 3 – 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 4 - SIGNATURE OF PERSON SUBMITTING APPLICATION		
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:

BACKGROUND APPROVED (Police Department)

 Yes No

Signature of Authorized Police Employee:

Date Approved:

LICENSE APPROVED (City Administrator)

 Yes No

Signature of City Administrator:

Date Approved:

LICENSE INFORMATION

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

PAYABLE TO: CITY OF WEST FARGO

RETURN TO	CITY OF WEST FARGO CITY ADMINISTRATOR OFFICE 800 4 AVENUE EAST, SUITE 1 WEST FARGO, ND 58078 PHONE: 701-433-5300
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