

# TOWN OF SOUTHTON



## APPLICATION Adult Oriented Businesses

PLEASE PRINT CLEARLY

(Attach additional sheets if necessary to complete answers)

(1) Name/Business/Residence Address of Applicant, Owner, Operator, Manager, or any other person having direct control or management of the Adult Oriented Business:

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If partnership, name all general partners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If limited liability company, name all members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Corporation, name all officers, directors and shareholders holding a ten (10) percent or greater interest:

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(2) Name/Business/Residence Address of the spouse of each individual named in (1):

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(3) Name/Address of all employees and any other persons directly involved in the operation of the Adult Oriented business, including fictitious names:

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(4) Written proof that applicant is at least eighteen (18) years of age. (An attached copy of a driver's license or other identifying document that certifies age is acceptable)

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(5) Provide a recent photograph of the applicant.

(6) Applicant's Driver's License No: \_\_\_\_\_ and Social Security No. \_\_\_\_\_ or Federal Employer Identification No. \_\_\_\_\_

(7) If the applicant is:

a) a partnership, a copy of the partnership agreement is needed.

b) a limited partnership:  
Name \_\_\_\_\_  
Date and State of Certificate: \_\_\_\_\_  
Name/Address of Statutory Agent: \_\_\_\_\_  
Copy of Agreement.  
Evidence of good standing.

c) A limited liability company:  
Company name \_\_\_\_\_  
Date and State of Articles of Organization: \_\_\_\_\_  
Copy of Operating Agreement.  
Evidence of good standing.

d) a corporation:  
Corporation Name \_\_\_\_\_  
Date and State of Incorporation: \_\_\_\_\_  
Name/Address of Statutory Agent: \_\_\_\_\_  
Copy of bylaws.  
Evidence of good standing.

e. operating under Fictitious Name:  
- Please provide a copy of the Trade Name Certificate

8. Adult Oriented business or Adult Entertainment License or Permit History, which shall include, but not limited to, (a) whether a person is currently licensed or has previously operated in this or another municipality or state under license, (b) the name and location of such businesses, (c) whether the applicant has had such license suspended or revoked, (d) the dates and reasons for such suspension or revocation, and (e) the business entity or trade name under which the applicant operated that was subject to the suspension or revocation. Such history shall include any entity of which the applicant was a partner, member, officer, director or shareholder:

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9. Any criminal convictions of the applicant, operator, employees and other persons directly involved in the management or control of the adult oriented business, to any crime involving moral turpitude, prostitution, obscenity or other sex-related crimes in any jurisdiction within ten (10) years of the date of the filling of the application. Such crimes include, but are not limited to obscenity, child pornography, prostitution, patronizing a prostitute, promoting or permitting prostitution and sexual assault, in Connecticut being C.G.S. §§53a-194, 53a-196, 53a-196a, and 53a-196b (obscenity); C.G.S. §§53a-196c and 53a-196d (child pornography); C.G.S. §§53a-82, 53a-83 and 53a-83a (prostitution, patronizing a prostitute, patronizing a prostitute from a motor vehicle); C.G.S. §§53a-86, 53a-87, 53a-88 and 53a-89 (promoting or permitting prostitution); and C.G.S. §§ 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a, 53a-72b and 53a-73a (sexual assault)

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10. Location of Adult Oriented Business:  
Street Address \_\_\_\_\_  
Legal Description of Property \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_

11. Please provide a description of the exact nature of the entertainment to be conducted at the adult oriented business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Please provide a sketch or diagram showing the configuration of the premises drawn to designated scale and marked with dimension of the interior of the premises, including a statement of total floor space occupied by the business.

The undersigned applicant hereby states that the above information is the truth to the best of his/her knowledge and belief, and that the applicant is familiar with the provisions of the Town of Southington Ordinance on Adult Oriented Businesses, and is in compliance with them.

\_\_\_\_\_  
Signature of Applicant  
(If corporate or partnership applicant,  
please provide "title" of applicant)

\_\_\_\_\_  
Date

For Clerk's Office Use Only:	Fee Received:
Paid by cash or check	Copy forwarded to Chief of Police on: