

Orange Department of Police Service

ADULT ORIENTED ESTABLISHMENTS PERMIT

Print or type carefully all the information requested. Please give complete answers to those questions that pertain to you. If a question does not pertain to you, print "N/A". The information you provide will be used to evaluate the permit application. All information submitted may be investigated. The application will not be processed without this completed form. A separate form is required for each officer, partner, member, manager and director of the operating entity of the business and of each person with authority to participate directly and regularly in the management of the business. If you need additional space to answer any questions, attach an additional sheet.

Date of Application _____ Date of formation of the organization _____

Business Name _____ Business location _____

Business is a Corporation Limited Liability Co. Partnership

Sole Proprietorship Other _____

Business mailing address _____

Telephone Number of establishment _____

Full true name of applicant/principal of applicant completing application _____

Office held by applicant _____

Aliases, stage names, etc. used in the past five (5) years _____

Current residence _____

Mailing address (if different) _____

Home telephone number _____ Email _____

Other licenses or permits relating to adult oriented or adult use establishments _____

Has any such license or permit been suspended or revoked No Yes, reason _____

Name, address, phone, email of Statutory Agent: _____

Name of Business Manager(s) (Actual supervisory authority over operation of the business): _____

For each applicant, provide names, business addresses, home addresses, telephone numbers, email addresses, and offices held for each officer, director, manager, member or partner.

Last name _____ First name _____ Middle Name _____

Title _____ Gender: Male Female

Aliases, other names know by, including maiden name: _____

Date of Birth _____ Place of Birth (please provide copy of birth certificate) _____

Social Security Number _____ Operator's License number and State _____

U.S. Citizen Yes No If no, alien registration # _____

Date and place of Naturalization _____

Home Telephone _____ Business Telephone _____

Present home address _____ Since _____

All resident addresses for the past 10 years. Indicate dates at each address:

Show employment for the past 10 years. Provide name, address and telephone number of employers, positions held and dates employed:

Issuing jurisdiction and effective dates of any license or permit relating to an adult oriented business or adult service. _____

Has any such license been suspended or revoked and if so, state the reason for suspension or revocation.

Criminal Record: List all criminal charges, complaints or indictments which resulted in conviction or a plea of guilty or nolo contendere. Include date and disposition of each case. If you have no such record, indicate by using the word "None".

Public offices now held by applicant, individual backers, shareholders, corp. officers, LLC. Give name of office holder and identify by title, place and name of town, city, state or federal agency.

Are you able to read and understand English? Yes No

Have you ever defaulted on any obligations to the State of Connecticut Labor Department, to the State Department of Revenue Services, to the United States Internal Revenue Service or to any municipalities, including but not limited to any withholding taxes or unemployment taxes for which you are responsible?

Yes No

Are you current in all Federal and State tax filing obligations? Yes No

I, _____, do hereby swear or affirm that the information herein contained is true to the best of my ability and that I personally completed/directed completion of this form.

Signed (Applicant)

Print name

Date

Personally appeared the signer of the foregoing statement and made oath before me to the truth of the matters contained therein.

Signed (Commissioner of the Superior Court, Notary, Justice of Peace)

Print name

Date