



MUNICIPALITY OF ANCHORAGE
OFFICE OF THE MUNICIPAL CLERK
P.O. Box 196650 (632 W. 6th Ave., Ste 250)
Anchorage, Alaska 99519-6650

For Office Use Only

License No. _____

Date Issued _____

**ADULT ORIENTED ESTABLISHMENT
APPLICATION**

(LICENSES ARE NOT TRANSFERABLE)

PLEASE PRINT OR TYPE INFORMATION

Application Date: _____

I, _____, hereby make application for a ☐ New or ☐ Renewed **ADULT ORIENTED**

ESTABLISHMENT LICENSE in accordance with Title 10 of the Anchorage Municipal Code for the 20_____, license year.

Applicant's Name: _____ (Phone) _____
(must be over the age of 18)

Applicant's Mailing Address: _____ (ZIP) _____

Applicant's Street Address: _____ (ZIP) _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____ (ZIP) _____

Business Street Address: _____ (ZIP) _____

Within 2 years prior to the date of application have you or any of the officers, directors or shareholders of this business been convicted of any of the following offenses as described in Title 8 of the Anchorage Municipal Code? Check those that apply:

- ☐ Assignment for prostitution ☐ Prostitution ☐ Offering to secure another for prostitution ☐ Coercing another to become a prostitute
☐ Owning or leasing a place of prostitution ☐ Maintaining a place of prostitution ☐ Section 8.05.410 Minors -Prohibited performances and exhibitions
☐ Section 8.05.420 Minors -Disseminating indecent material to minors. ☐ Section 8.05.425 Sexual exploitation of minors
☐ Section 10.40.50 Adult Business Violation

If you answered yes to any of the above, list all charges, date of charges, places of charges, and sentences or fines imposed.

Note: State of Alaska business license is required.

State of Alaska Business License No. _____ Date Issued _____ Expiration date _____
(Please attach a copy)

IF BUSINESS ENTITY, PLEASE COMPLETE: State of Incorporation **Date Issued**

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			
President:			
Vice President:			
Secretary:			
Treasurer:			

Directors and Stockholders holding 5% or more of stock in the corporation:

Name:			
Name:			
Name:			

State of Alaska)
) ss:
Third Judicial District)

_____, being duly sworn, deposes and says that he/she is the individual making the foregoing application and authorized agent for this business that the answers to the questions and other statements contained in this application are true and complete to his/her knowledge.

Subscribed and Sworn to before me this _____ day of _____, 20_____.
Signature of Applicant

Notary Public

My commission expires: _____

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I.D. Furnished and Number	Fee Paid: \$	Cash	Check No.	Receipt No.