



<b>For Office Use Only</b>
License #: _____
Date Issued: _____

## ADULT ORIENTED ESTABLISHMENT LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE)

**PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)**

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.  
 \_\_\_\_\_ (Initial) I have read and understand AMC 10.40 and will comply with all applicable requirements of Title 10.

Applicant's Name: \_\_\_\_\_ (Phone) \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Street Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ (Phone) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Email Address (required\*): \_\_\_\_\_  
 \*All correspondence regarding this application and subsequent license will be sent via provided email address.

**PLEASE COMPLETE THE FOLLOWING:**

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):

- Assnigation 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 checked any of the above, list all charges, dates of charges, places of charges, and sentences or fines imposed:

**PROVIDE THE FOLLOWING WITH YOUR APPLICATION:**

State of Alaska Business License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**IF BUSINESS ENTITY, PLEASE COMPLETE:**

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

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

Name:			
Name:			
Name:			

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. **WARNING:** I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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