



MUNICIPALITY OF ANCHORAGE
OFFICE OF THE MUNICIPAL CLERK
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 Anchorage, Alaska 99519-6650
 MuniLicenses@anchorageak.gov

For Office Use Only
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

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