

**Application for License to Operate
a Sexually Oriented Business
in the Unincorporated Area of Johnson County, Texas**

PART I

The requirements applicable to this Application and the definitions of terms used herein are set forth in Order # 97-006 Licensing and Regulation of Sexually Oriented Businesses in Unincorporated Areas of Johnson County (hereinafter Order #97-006 or “County Regulations”). This Application is intended to comport with the requirements set forth in the County Regulations and all requisites of the County Regulations must be met or addressed in order to submit a complete Application.

PART II

Annual Fee

The **annual fee** for a sexually oriented business license is \$1,000.00, which shall be divided into quarterly payments. A quarter shall be a calendar quarter, dividing the year into three (3) month increments, beginning with January, February and March as the first quarter. Each quarterly payment shall be for Two hundred and fifty dollars (\$250.00), and this payment shall be made with the application submitted prior to operating the sexually oriented business for that quarter. For subsequent quarters, the applicant must resubmit the abbreviated application form, to be provided by the County, at least thirty (30) days before the expiration date of the quarter in which the business is operating. An application shall not be considered to have been filed until the fee is paid and all information required by the application form has been submitted. The fee of Two hundred and fifty dollars (\$250.00) shall be due regardless of the time of commencement of operations within a given quarter. There shall be no prorating of the required fee for a sexually oriented business that begins operations within a quarterly period.

Application Fee

In addition to the **annual fee** required, an applicant for an initial sexually oriented business license shall, at the time of making application, pay a **nonrefundable fee of \$250.00** for the County to conduct a survey to ensure that the proposed sexually oriented business is in compliance with the locational restrictions set for the in Section 1-112 of the County Regulations.

Offense to Operate Without a License

A person commits an offense if he/she operates a sexually oriented business without a valid license issued by the county for the particular type or classification of business.

Application Required for Each Business

A separate application and permit shall be required for each such business. An application for a license must be made on a form provided by the Director of Public Works.

Applicant Understands this is a Government Document

Each applicant signing this Application states that such applicant understands this is a Government Document and the statements and representations made in this document are material to the decisions and determinations to be made by Johnson County, a political subdivision of the State of Texas. Applicant further understands any false statement applicant makes on this document will subject applicant to criminal and civil penalties and liability including but not limited to that arising pursuant to Section 37.10 of the Texas Penal Code. By signing this application the applicant understands that there are other state and federal regulations pertaining to this type of business and applicant accepts responsibility for understanding and adhering to all such requirements.

Issuance Within 30 Days

The Director of Public Works shall approve the issuance of a license to an applicant within thirty (30) days after receipt of an application unless the Director of Public Works finds one or more of the limitations set forth in Section 1-104 of the County Regulations to be true.

PART III

TYPE OR CLASSIFICATION OF SEXUALLY ORIENTED BUSINESS LICENSE APPLIED FOR

Applicant must select the type of Sexually Oriented business being applied for. A SEPARATE APPLICATION AND FEE IS REQUIRED FOR EACH TYPE OR CLASSIFICATION OF SEXUALLY ORIENTED BUSINESS.

(NOTE – The terms “classified”, “classification” and “type” are interchanged throughout the County Regulations and either term may be used herein and may be deemed have the same meaning where reasonably applicable in reference to the “type” or “classification” of the business.)

Sexually oriented businesses are classified as follows pursuant to 1-102 of the County Regulations. Select the type of business for which this application is being made.

- (a) ___ adult arcades
- (b) ___ adult bookstores or adult video stores
- (c) ___ adult cabarets
- (d) ___ adult motels
- (e) ___ adult motion picture theaters
- (f) ___ adult theaters

- (g) ____ escort agencies
 - (h) ____ nude studios
 - (i) ____ modeling studios
 - (j) ____ adult tanning salons
 - (k) ____ sexual encounter centers
 - (l) ____ love parlors
 - (m) ____ sex parlors
 - (n) ____ other regulated entity (Please describe): _____
-

PART IV

SECTION A (all applicants)

1. Business Trade Name: _____
2. Business Location: _____ City: _____
County: _____ State: _____ Phone: _____
3. Mailing Address (if different): _____
4. Person Applying (Applicant): _____
5. Applicant's Home Address: _____ City: _____
County: _____ State: _____ Phone: _____
6. Applicant's Driver License # _____ State: _____
Race: _____ Sex: _____ Date of Birth (mm/dd/yyyy): _____
(Note: Demographic information is required for criminal background checks and has no bearing on the grant or denial of a license. The collection of this information is required by law.)
7. Name of Applicant's Spouse: _____ Sex: _____
Race: _____ Date of Birth (mm/dd/yyyy): _____
Driver License # _____ State: _____
9. Applicant's Relationship to the Business: _____

10. Name of the owner of the business listed on line 1: _____

11. The owner of the business listed on line 1 is (check one):

- _____ an individual (e.g., a sole proprietorship)
_____ two or more individuals
_____ a partnership
_____ a corporation

12. Tax Identification Number (if applicable): _____

13. Agent for Service of Process and Address: _____

If owned by an **individual, complete Section B**, skip Sections C and D

If owned by **two or more individuals, complete Section C**, skip Sections B and D

If owned by a **partnership, complete Section D**, skip Section B and C

If owned by a **corporation, complete Section D**, skip Sections B and C

ALL APPLICANTS MUST COMPLETE SECTION E OF THE APPLICATION

(Remainder of Page Intentionally Left Blank)

SECTION B - TO BE COMPLETED IF OWNER IS AN INDIVIDUAL

If the owner of the business is an individual, other than yourself you (applicant) must submit with this application a signed and notarized statement from the owner of the business declaring that he/she owns the business and that you are his/her designated agent for the purposes of applying for a sexually oriented business license.

1. Owner's Name: _____
 Date of Birth (mm/dd/yyyy): _____ Race: _____
 Driver License # _____ State: _____

2. Home Address: _____ City: _____
 County: _____ State: _____ Zip: _____

3. Owner's Home Phone: _____
 Owner's Business Phone: _____

4. Spouse's Name: _____
 Date of Birth (mm/dd/yyyy): _____ Race: _____
 Driver License # _____ State: _____

(Remainder of Page Intentionally Left Blank)

SECTION C - TO BE COMPLETED IF TWO OR MORE INDIVIDUALS CO-OWN THE BUSINESS.

If the business is co-owned by two or more individuals, you (applicant) must submit with this application a signed and notarized statement from each of the co-owners other than yourself declaring that each co-owns the business and that you are each co-owner's designated agent for the purposes of applying for a sexually oriented business license.

For each co-owner, provide the following information (use additional sheets, if necessary):

Owner # _____

1. Owner's Name: _____
 Date of Birth (mm/dd/yyyy): _____ Race: _____
 Driver License # _____ State: _____
2. Home Address: _____ City: _____
 County: _____ State: _____ Zip: _____
3. Owner's Home Phone: _____
 Owner's Business Phone: _____
4. Spouse's Name: _____
 Date of Birth (mm/dd/yyyy): _____ Race: _____
 Driver License # _____ State: _____

Owner # _____

1. Owner's Name: _____
 Date of Birth (mm/dd/yyyy): _____ Race: _____
 Driver License # _____ State: _____
2. Home Address: _____ City: _____
 County: _____ State: _____ Zip: _____
3. Owner's Home Phone: _____
 Owner's Business Phone: _____
4. Spouse's Name: _____
 Date of Birth (mm/dd/yyyy): _____ Race: _____
 Driver License # _____ State: _____

SECTION D-TO BE COMPLETED IF OWNER IS A PARTNERSHIP OR CORPORATION

A (a) If the owner of the business is a partnership, you (applicant) must submit with this application a signed and notarized statement from one of the partners declaring that he/she is a partner of a partnership that owns the business and that he/she is authorized by the partnership to designate an agent for the purposes of applying for a sexually oriented business license and that you (applicant) are the agent designated.

(b) If the owner of the business is a limited partnership, you (applicant) must submit with this application a certified copy of the Certificate of Limited Partnership on file with the Secretary of State in Austin, Texas.

B (a) If the owner is a corporation, you (applicant) must submit with this application a signed and notarized statement from an officer of the corporation declaring that he or she has authority to designate an agent for the purposes of applying for a sexually oriented business license and that you (applicant) are the agent designated.

(b) If the owner is a Texas corporation, you (applicant) must submit with this application a certified copy of the Articles of Incorporation (Charter) on file with the Secretary of State in Austin, Texas.

(c) If the owner is an out-of-state corporation, you (applicant) must submit with this application a certified copy of the Certificate of Authority on file with the Secretary of State in Austin, Texas.

1. Corporation or Partnership Name: _____

2. Mailing Address: _____ City: _____
County: _____ State: _____ Zip: _____

3. Partners or Corporate Officers: (use additional sheets; if necessary):

(a) Owner's Name: _____
Date of Birth (mm/dd/yyyy): _____ Race: _____
Driver License # _____ State: _____

(b) Owner's Name: _____
Date of Birth (mm/dd/yyyy): _____ Race: _____
Driver License # _____ State: _____

4. Tax Identification Number: _____

5. Agent for Service of Process and Address: _____

SECTION E (all applicants)

Is there an Assumed Name Certificate on file with the County Clerk's Office for the business listed on line 1 of this application? Circle One: YES / NO

If "YES," you must attach a certified copy of the Assumed Name Certificate to this application.

Print Assumed Name: _____

1. The Public Works Department requires that you provide a name and telephone number of the person whom they should contact for their inspections.

Name: _____

Home Phone: _____ Business Phone: _____

2. Has Applicant or any other person listed on this application ever been **CONVICTED** of any crime listed in **Section 1-104(a) (9)** of the Johnson County Order? Circle One: YES / NO

If "YES," state the name of the person convicted, the date of conviction and the offense of which the person was convicted. (Use additional sheets, if necessary.)

(a) Name: _____ Date: _____
Offense: _____ County: _____

(b) Name: _____ Date: _____
Offense: _____ County: _____

3. Owner of Building in which business operates: _____

4. Owner of Property on which business operates: _____

You (Applicant) must submit with this application, a certified copy of the Deed showing ownership of the property.

5. Does Applicant lease or sublease the building in which the business operates? YES / NO

If Applicant leases or subleases the building in which the business operates, Applicant must provide the name and address of the person from whom you lease the building (lessor) and submit with this application a copy of your lease or sublease agreement.

6. Name of Lessor: _____

7. Address of Lessor: _____

8. Is any person listed on this application overdue in his or her payment to Johnson County for taxes, fees, fines, or penalties assessed in relation to a sexually oriented business? YES / NO

9. Has any person listed on this application been denied or had revoked any Johnson County sexually oriented business license within the preceding 12 months? YES / NO
If yes, give the name, address, type of license and date when license was revoked.

10. Name: _____ Date of Denial: _____
Address: _____
Reason for Denial: _____

11. Under **Section 1-103(b) and Section 1-118(a) (1) (as applicable)** of the County Order a schematic diagram showing the configuration of the premises must accompany this application. Has this (these) sketch(es) or diagram(s) been attached? Circle One: YES / NO

PART V

IMPORTANT: READ BEFORE SIGNING

Your signature on this application will constitute an admission that you are now or will be, when and if a license is issued, the owner of the **business listed on PART IV, SECTION A, Line 1**, a partner whose partnership owns or will own the business listed on said Line 1, or a corporate officer of a corporation which owns or will own the business on said Line 1.

You are specifically reminded all applications shall be submitted in the name of an owner of the sexually oriented business, who shall be deemed the applicant. The application shall be signed by the applicant and notarized. If the applicant is a corporation, the application shall be signed by its president. If the applicant is a partnership, the application shall be signed by a partner. If the applicant is a limited liability company, the application shall be signed by the managing director. In all other instances where the owner is not an individual, the application shall be signed by an authorized representative of the owner.

Your signature on this application will be taken as an **admission** that you have read and understood the application form and the **Johnson County Order # 97-006 Licensing and Regulation of Sexually Oriented Businesses in Unincorporated Areas of Johnson County**.

You, by your signature acknowledge that you consent to Johnson County obtaining Criminal History Information and sharing such Criminal History information with Johnson County personnel responsible for determining if a Sexually Oriented Business License shall be issued.

Within thirty (30) days of receipt of a completed application, you will either be issued a license for a sexually oriented business by the county Director of Public Works or written notice by certified mail of the denial of issuance of a license.

(Please use a separate signature page for each person signing)

OWNER, PARTNER, CORPORATE OFFICER, OR DESIGNATED AGENT

(Signature): _____

Date: _____

Printed Name: _____

THE STATE OF TEXAS §

§

COUNTY OF JOHNSON §

BEFORE ME, the undersigned authority, on this day personally appeared: the above-named affiant who, being by me duly sworn, deposes and says that he or she has carefully read the foregoing application and that all the facts and statements made are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20____.

(Seal)

NOTARY PUBLIC, STATE OF TEXAS