

## Adult Entertainment Establishment Application

- Original - \$1,000.00     Renewal - \$1,000.00  
 Late Renewal - \$1,150.00 (Renewals not applied for prior to May 1)

1. The named:     Individual         Corporation         Partnership         Limited Liability Co.  
hereby makes application for an Adult Entertainment Establishment License pursuant to sec. 9.05, MGO.
2. Name of Applicant(s): \_\_\_\_\_  
(Individual/Partners give last name(s), first, middle; Corporations/Limited Liability Co.'s give registered name)
3. Trade Name: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_
4. Address of Premise: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_
5. State Seller's Permit Number: \_\_\_\_\_
6. Individual/Partnership Only:
  - a. Name of Applicant(s): \_\_\_\_\_
  - b. Address of Applicant(s): \_\_\_\_\_  
\_\_\_\_\_
  - c. Date(s) of Birth: \_\_\_\_\_  
Verification Type: \_\_\_\_\_
7. Corporation/Limited Liability Co. Only:
  - a. Name of Corporation: \_\_\_\_\_
  - b. Address of Corporation: \_\_\_\_\_
  - c. Date and State of Incorporation: \_\_\_\_\_
  - d. Name and Address of Registered Agent: \_\_\_\_\_
  - e. List of Stockholders:

Stockholder's Name	Address	Extent of Ownership	Date of Birth

f. List of Officers/Directors:

Officer(s) and/or Director(s) Name	Address	Date of Birth

**READ CAREFULLY BEFORE SIGNING:**

Failure or refusal of the applicant to give any information relevant to the investigation of the application or the applicant's refusal or failure to appear at any reasonable time and place for examination under oath regarding such application or the applicant's refusal to submit to or cooperate with any investigation required by this section shall constitute an admission by the applicant that s/he is ineligible for such license and shall be grounds for denial thereof by the City Clerk. (Pursuant to Section 9.05, Madison General Ordinances.)

SUBSCRIBED AND SWORN TO BEFORE ME

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Officer of Corporation/Partner/Individual)

\_\_\_\_\_  
(Clerk/Notary Public)

\_\_\_\_\_  
(Officer of Corporation/Partner)

My commission expires \_\_\_\_\_

\_\_\_\_\_  
(Additional Partner(s) if Any)

**TO BE COMPLETED BY CLERK:**

Date received and filed with municipal clerk	Date license granted	Date license denied	Date license issued
License number issued		Signature of Clerk/Deputy Clerk	