

APPLICATION FOR CITY LICENSE
ADULT ORIENTED BUSINESS
APPLICATION FEES ARE NON-REFUNDABLE
License is valid for 24 months from date of issuance

Name of corporation or company of which you are/will be owner; employee; operator; manager

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS CITY/STATE/ZIP _____

BUSINESS PHONE _____

Property Tax Identification Number _____ -Own; -Lease

LEGAL DESCRIPTION:

Adult Arcade, Bookstore, Novelty Store or Video Store: I hereby swear that the premises diagram provided with this application is true and correct.

Applicant _____ Date _____

Is this a -NEW -RENEWAL application?

Fee \$ _____

Date: _____

Payment

Cash Check # _____

Receipt # _____

Fees ⁽¹⁾ Credit/Debit cards NOT accepted

Business

Escort

| | | |
|--|-----------------|----------------|
| Application Fee | \$400.00 | \$50.00 |
| Investigation Fee | \$46.75 | \$46.75 |
| Total Application/Investigation Fee | \$446.75 | \$96.75 |
| License Fee ^{(1) (2)} | <u>\$200.00</u> | |
| Total Business Fee ⁽¹⁾ | \$646.75 | |

(1) All Fees are Non-Refundable

(2) Payable within 30 days of license issuance or renewal

Each license shall expire 24 months from date of issuance. Application for renewal shall be made at least 90 days before the expiration date, and when made less than 90 days before the expiration date, the expiration of the license will not be affected.

Personal History and Identification:

Each individual who has a financial interest in the business must sign the application

NAME OF: OWNER; EMPLOYEE; OPERATOR; MANAGER (please print)

(last) (first) (middle)

| | | |
|-------------------------------|--|--|
| List all AKA and Alias names: | | |
| | | |

CURRENT PHYSICAL ADDRESS _____
(Street)

(City/State/Zip)

PHONE (HOME) _____

PLACE OF BIRTH _____

Are you legally authorized to hold employment within the United States: -YES -NO

| | | | | | |
|--------|--------|------|-----------|------|-----|
| AGE | DOB | SS# | STATE/DL# | | |
| HEIGHT | WEIGHT | HAIR | EYES | RACE | SEX |

List the local telephone number(s) at which you can be contacted and the hours you can be contacted:

Phone () _____ Hours _____ - _____
 Phone () _____ Hours _____ - _____

CRIMINAL HISTORY

If you have ever been arrested **or** convicted for any crime (excluding traffic citations), please provide details below.

| Approximate Date | Agency and State | Circumstances & Disposition | Indicate Y=Yes or N=No for each item | | |
|------------------|------------------|-----------------------------|--------------------------------------|-----------|-----------------|
| | | | Arrested | Convicted | Charges Pending |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Have you ever been on court probation **or** parole as an adult? Yes No
 If "Yes", please give details (including when, where, why).

LICENSE HISTORY

Have you had an adult oriented business employee license revoked by Rapid City within 12 months of the date of the current application? Yes No. If "Yes", provide details (including when, where, why).

If there is any additional information you wish to explain, please indicate below.

ADDITIONAL INFORMATION MAY BE PROVIDED BY ATTACHING A SEPARATE PAPER TO THE APPLICATION.

TRUE AND CORRECT APPLICATION
Must be signed in front of a Notary
Each Individual who has a financial interest in the business must sign the application.

I, _____,
(print name)

hereby swear that the information provided in the foregoing application is true and correct.

Signature of Applicant

Date

Seal

Notary Public

My Commission Expires

WAIVER TO PERMIT BACKGROUND INVESTIGATION
Must be signed in front of a Notary
Each Individual who has a financial interest in the business must sign the application.

I, _____, hereby authorize the Rapid City Police Department to
(print name)

conduct an investigation into my complete history, including my former employment, together with any and all information concerning my abilities, personal character, credit history, arrest record, etc. I hereby release any law enforcement agency, company, corporation, or individual from all liability for furnishing information concerning me in response to this investigation. I also hereby understand that I may be asked to submit to a polygraph examination, in order to verify aspects of this background investigation.

Signature of Applicant

Date

Seal

Notary Public

My Commission Expires

NOTICE: FAILURE TO DISCLOSE ANY CRIMINAL OFFENSES MAY RESULT IN THE DENIAL OF THIS LICENSE BY THE RAPID CITY COMMON COUNCIL

SYSTEMS CHECKED: (For Department Use ONLY)

Driver's License CJIS RCPD/PCSO DCI
 Sex Offender Other

Information Summary:

INVESTIGATOR _____
SUPERVISOR _____

YES NO
RECOMMENDED

DEPARTMENT: APPROVAL DISAPPROVAL

Date: _____

Chief of Police

FINGERPRINTING SERVICES

Fingerprinting Service Hours: Monday through Friday; 8:00 a.m. to 3:00 p.m.

Appointment for fingerprinting can only be made by calling the Criminal Investigation Division at (605) 394-6612 during normal business hours, as listed above. Payment to the Finance Office must be made and valid identification provided to the fingerprint operator before your fingerprints are scanned.

Identification Required:

You must bring a valid form of photo identification with you to your appointment. Valid identification includes a valid driver's license or State issued identification card, military ID, or a valid passport. No other forms of identification will be accepted for purposes of fingerprinting.

Fingerprinting Location:

The Rapid City Police Department Evidence Building, located at 625 1st Street, Rapid City, SD.

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