



DOCKET #: _____
To be assigned by planning department.
This spaced for office use

Town of Clarksville, Indiana
Application for a Sexually Oriented Business or Employee License

Full true name of applicant: _____

Is this application for business or employee, check one:

Business Employee

Full name of the business: _____

Name and address of the statutory agent or other agent authorized to receive
service of process:

Full names used in the preceding 5 years, attach additional pages if necessary:

Current business address:

Current location of different from business address:

Telephone number of the proposed or existing sexually oriented business:

Zoning District: _____

Attach the following:

1. Either a set of finger prints or social security number of the applicant, suitable for conducting necessary background checks
2. Legal description
3. Any license or permit relating to a sexually oriented business and the a statement including the issuing jurisdiction and effective dates of the license or permits
4. A statement as to whether any such license has been denied, revoked, or suspended, and if so, the reason or reasons hereof
5. Written proof of age of the applicant, in the form of either a copy of birth certificate and current photograph, a current and valid drivers license with photograph, or other photograph identification document issued by a governmental agency
6. Sketch or diagram showing the configuration of the premise, including a statement of total floor space occupied by the business with dimensions marked of the inter of the premises to an accuracy of plus or minus 6 inches
7. Non Refundable fee shall accompany this application. Fees are as followings:

Business	\$250.00	Business renewal	\$125.00
Employee	\$100.00	Employee renewal	\$ 50.00

Checks shall be payable to the Town of Clarksville, Indiana

If the applicant is an individual, he or she shall sign the application for a license as applicant. If the applicant is other than an individual [such as a corporation], each officer, director, general partner, or other person who will participate directly in the decision making relating to management of the business shall sign the application for a license as the applicant. Each applicant must be qualified under Section V of Clarksville Ordinance No. 2005-G-03, and each applicant shall be considered as a license if a license is granted.

_____	_____
Applicants Signature	Owners Signature
_____	_____
Print Applicants Name	Print Name of Owner
_____	_____
Date	Date

State of Indiana)
)
County of Clark)

Subscribed and sworn to before me this _____ day of _____, 200__

Notary Public Resident of Clark County, Indiana

My commission expires: _____

Submit this application and all attachments to:
Clarksville Building Commissioners Office
Town Municipal Center, Room 234
2000 Broadway Street
Clarksville, IN 47129

