

LICENSE YEAR(s) _____

CU #: _____

LC#: _____

Fee: _____

CITY OF PEORIA SEXUALLY ORIENTED ADULT BUSINESS LICENSE APPLICATION

Type of adult use:

_____ Adult Bookstore	_____ Adult Motion Picture Theater
_____ Adult Novelty Store	_____ Adult Mini Motion Picture Theater
_____ Adult Video Store	_____ Adult Motel
_____ Adult Cabaret	_____ Adult Model Studio

(If additional space is needed for a response, please attach an additional piece of paper to this application form.)

1. Applicant's Full Name: _____

State whether you are:

- ☐ An individual (complete sections A and D)
- ☐ A partnership (complete sections B and D)
- ☐ A corporation or limited liability company (LLC) (complete sections C and D)

A. 1. State your legal name: _____

2. State all former names and/or aliases you have been known by in the last five years:

3. Current business/mailling address: _____

4. Are you over 18 years of age? _____ Yes _____ No
Attach proof of age (birth certificate, current driver's license, or other picture identification document issued by a governmental agency).

B. 1. State full name of partnership: _____

2. Identify persons required to be disclosed under Section 18-77 of the Code of the City of Peoria (see attached code provisions):

3. Business/mailling address of partnership and all persons listed in B.2:

C. 1. State full name of corporation or LLC:_____

2. Business address:_____

3. Identify persons required to be disclosed under Section 18-77 of the Code of the City of Peoria:

4. Business/mailling addresses of all persons listed in C.3:

D. State the name and business address of the statutory agent or other agent authorized to receive service of process:

Name:_____

Address:_____

2. Proposed location of business:

Establishment name:_____

Street address:_____

Phone number:_____

Legal description of property:_____

You must attach a sketch or diagram showing the configuration and total floor space of the premises. The sketch need not be professional but must be drawn to scale and accurate to plus or minus 6 inches. See Section 18-77(a)(7).

3. Certification

By signing the following, I/we certify and agree:

- A. To pay the application fee at the time of application, or the relevant renewal fee if this application is for renewal of a license. I/we understand that this fee is non-refundable regardless of whether a license is issued.
- B. To supplement the information contained in this application within 10 working days of any change in application information. I/we understand that failure to do so may result in suspension of any license issued.
- C. That the information contained herein is true, complete and accurate.

I/we understand that the failure to fully, completely, and timely provide the information and documentation required by this application may result in the delay and/or denial of this application.

Signed:_____

Date:_____

Subscribed and sworn to before me this _____ day of _____, A.D._____.

Notary Public

Signed:_____

Date:_____

Subscribed and sworn to before me this _____ day of _____, A.D._____.

Notary Public

Signed:_____

Date:_____

Subscribed and sworn to before me this _____ day of _____, A.D._____.

Notary Public

Signed:_____

Date:_____

Subscribed and sworn to before me this _____ day of _____, A.D._____.

Notary Public

Signed:_____

Date:_____

Subscribed and sworn to before me this _____ day of _____, A.D._____.

Notary Public

Signed:_____

Date:_____

Subscribed and sworn to before me this _____ day of _____, A.D._____.

Notary Public

Contact e-mail:_____

CHECKLIST

- _____ All sections of application are completed in their entirety
- _____ Proof of age
- _____ Receipt of application fee
- _____ Sketch or diagram

Submit to: Accounts Receivable Office, 419 Fulton Street, Room 111
 Peoria, IL 61602

Office Use Only

Receivables:_____ Date:_____

Parking:_____ Date:_____

Legal:_____ Date:_____

Inspections:_____ Date:_____

Police:_____ Date:_____

Fire:_____ Date:_____

P&GM:_____ Date:_____