

**Adult Entertainment License Application**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_ Phone: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Business: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

(Please attached a list of partners and/or corporation officers, State/Date of Incorporation)

Describe the business to be conducted at this location: \_\_\_\_\_

Legal Description: \_\_\_\_\_

What type of zoning is at this location? \_\_\_\_\_

(Attach a notarized statement as required by the City's Municipal Code – Section 3.15.070(c)(7))  
(Attach a copy of the lease or warranty deed)

Manager's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Manager's Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Attach proof the owner and/or manager is at least 18 years of age)

X

Applicant

Date: \_\_\_\_\_

Please return payment of \$250.00 by the renewal date of June 30th  
City Clerk  
209 Pearl Street  
Council Bluffs, Iowa 51503

Approval by \_\_\_\_\_ Fire \_\_\_\_\_ Zoning \_\_\_\_\_ Building \_\_\_\_\_ Health \_\_\_\_\_ Police

Denial by \_\_\_\_\_ Fire \_\_\_\_\_ Zoning \_\_\_\_\_ Building \_\_\_\_\_ Health \_\_\_\_\_ Police