

**CITY OF SAN ANTONIO  
HUMAN DISPLAY ESTABLISHMENT (HDE)  
MANAGER PERMIT APPLICATION  
PRINT USING BLACK OR BLUE INK ONLY**

**Section A: Identification Data**

DATE OF APPLICATION	NAME AND ADDRESS OF HDE WHERE YOU WILL BE WORKING			
1. ALIASES:	NAMES & DATES OF USE			
2. REAL NAME:	LAST	FIRST	MIDDLE	MAIDEN NAME
3. RESIDENTIAL ADDRESS:	STREET ADDRESS			
	COUNTY & CITY	STATE	ZIP CODE	
4. PRIOR RESIDENTIAL ADDRESSES DURING THE PRECEDING TEN YEARS	STREET ADDRESS			
	COUNTY & CITY	STATE	ZIP CODE	
(If necessary, attach additional sheets)	STREET ADDRESS			
	COUNTY & CITY	STATE	ZIP CODE	
	STREET ADDRESS			
	COUNTY & CITY	STATE	ZIP CODE	
5. BIRTH INFORMATION:	MONTH/DAY/YEAR	PLACE OF BIRTH	CITY, COUNTY & STATE	
6. DESCRIPTORS:	RACE	SEX	WEIGHT	
	HAIR COLOR	EYE COLOR	HEIGHT	
7. TATTOOS:	DESCRIPTION		LOCATION	
8. IDENTIFICATION:	Driver's License/State	Identification No./State	U.S. Passport No.	Military I.D. No.
9. POINT OF CONTACT:				
	Your Telephone No.			

**Section B: Criminal Information**

10. HAVE YOU BEEN CONVICTED OF ANY OF THE FOLLOWING OFFENSES WITHIN TEN YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION?

- |  |          |         |
|--|----------|---------|
| a. Prostitution or Promotion of Prostitution   | YES ____ | NO ____ |
| b. Aggravated Promotion of Prostitution  | YES ____ | NO ____ |
| c. Compelling Prostitution   | YES ____ | NO ____ |
| d. Obscenity   | YES ____ | NO ____ |
| e. Sale, Distribution of Display of Harmful Material to a Minor                        | YES ____ | NO ____ |
| f. Sexual Performance By A Child   | YES ____ | NO ____ |
| g. Employment Harmful To Children  | YES ____ | NO ____ |
| h. Possession of Promotion of Child Pornography  | YES ____ | NO ____ |
| i. Public Lewdness or Indecent Exposure  | YES ____ | NO ____ |
| j. Indecency With A Child  | YES ____ | NO ____ |
| k. Sexual Assault, or Aggravated Sexual Assault  | YES ____ | NO ____ |
| l. Harboring a Runaway Child   | YES ____ | NO ____ |
| m. Criminal attempt, conspiracy or solicitation to commit any of the above offenses    | YES ____ | NO ____ |
| n. A felony in any jurisdiction  | YES ____ | NO ____ |
| o. Any Violation of City Ordinance Number 101022 (Human Display Ordinance), as amended | YES ____ | NO ____ |

**SECTION C: Additional Criminal Information**

11. HAVE YOU BEEN PLACED ON DEFERRED ADJUDICATION, DEFERRED DISPOSITION, OR PROBATION WITHIN TEN YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION FOR ANY OF THE OFFENSES IDENTIFIED ABOVE? YES \_\_\_\_\_ NO \_\_\_\_\_

12. IF YOU ANSWERED YES TO ANY ITEM IN SECTION "B" OR SECTION "C" ABOVE, THEN STATE BELOW THE FOLLOWING: THE CRIME, THE JURISDICTION, AND THE COURT FOR EACH SUCH CRIME. ALSO, STATE THE DATE(S) OF CONVICTION, PROBATION, DEFERRED ADJUDICATION, AND DEFERRED DISPOSITION FOR EACH SUCH CRIME. USE ADDITIONAL BLANK SHEETS, IF NEEDED, AND ATTACH TO THIS APPLICATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D: STATEMENT AND AUTHORIZATION OF APPLICANT**

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, ON THE DATE INDICATED BELOW APPEARED \_\_\_\_\_, KNOWN TO ME BY \_\_\_\_\_ AS \_\_\_\_\_, AND WHO AFTER BEING BY ME DULY SWORN ON HIS OR HER OATH, DEPOSED AND SAID AS FOLLOWS:

"I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT I PERSONALLY HAVE COMPLETED THIS FORM AND THE INFORMATION THAT I PRESENTED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT THE PERMIT I SEEK UNDER THIS FORM IS SOLELY THE PROPERTY OF THE CITY OF SAN ANTONIO AND MUST BE RETURNED UPON REVOCATION, EXPIRATION, OR NON-USE. I AM ALSO AWARE THAT THIS APPLICATION IS A GOVERNMENTAL RECORD AND THAT I MAY BE CRIMINALLY PROSECUTED IF I KNOWINGLY MAKE A FALSE ENTRY ON THIS RECORD OR MAKE OR PRESENT OR USE THIS RECORD WITH KNOWLEDGE OF ITS FALSITY. I ALSO ACKNOWLEDGE THAT THIS IS A STATEMENT BEING PROVIDED TO A LAW ENFORCEMENT AGENCY AND THAT I MAY BE CRIMINALLY PROSECUTED IF I KNOWINGLY FALSIFY THIS STATEMENT."

"I AUTHORIZE THE CITY OF SAN ANTONIO, ITS AGENTS AND EMPLOYEES TO SEEK INFORMATION AND CONDUCT AN INVESTIGATION INTO THE TRUTH OF THE STATEMENTS SET FORTH IN THIS APPLICATION, TO INCLUDE OBTAINING MY FINGERPRINTS AND MY CRIMINAL BACKGROUND HISTORY."

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

State of \_\_\_\_\_

My Commission Expires On: \_\_\_\_\_

**SECTION E: FOR OFFICIAL USE ONLY — DO NOT WRITE BELOW LINE**

FEE PAID TO: \_\_\_\_\_  
SIGNATURE DATE Approved \_\_\_ Denied \_\_\_

CCH COMPLETED BY: \_\_\_\_\_  
SIGNATURE DATE Approved \_\_\_ Denied \_\_\_

FINGERPRINTS PROCESSED BY: \_\_\_\_\_  
SIGNATURE DATE

PERMIT ISSUED BY: \_\_\_\_\_  
SIGNATURE DATE

PERMIT NO. ISSUED BY CITY: \_\_\_\_\_