

B. Identify the Owners.

***Owner: Each association, individual, person, partner, closed corporation, corporation, business entity, or manager (as defined by the Texas Limited Liability Company Act), who owns an interest in a Sexually Oriented Business.**

****If a corporation has numerous stockholders, identify only those stockholders who each have a 35% share or greater in said corporation.**

Name & Type of Owner: (For example, "corporation" or "individual")		Birthdate		/	/

Address: _____					
Social Security # or Tax I.D. #	-	-	Driver License or I.D. # and State (for example, "Texas")	Telephone #	
Name & Type of Owner: (For example, "corporation" or "individual")		Birthdate		/	/

Address: _____					
Social Security # or Tax I.D. #	-	-	Driver License or I.D. # and State (for example, "Texas")	Telephone #	
Name & Type of Owner: (For example, "corporation" or "individual")		Birthdate		/	/

Address: _____					
Social Security # or Tax I.D. #	-	-	Driver License or I.D. # and State (for example, "Texas")	Telephone #	
Name & Type of Owner: (For example, "corporation" or "individual")		Birthdate		/	/

Address: _____					
Social Security # or Tax I.D. #	-	-	Driver License or I.D. # and State (for example, "Texas")	Telephone #	

C. Identify the Operators.

***Operator: Each individual who is an officer or director of a corporation, if the corporation owns any interest in a Sexually Oriented Business.**

****Though an operator can include a larger class of persons under the Sexually Oriented Business Ordinance, only the class stated above is responsive to this part of the application.**

Name & Type of Operator: (For example, "President of Corporation, Inc.")		Birthdate / /	

Address: _____			
Social Security # or Tax I.D. #	- -	Driver License or I.D. # and State (for example, "Texas")	Telephone #
Name & Type of Owner: (For example, "corporation" or "individual")		Birthdate / /	

Address: _____			
Social Security # or Tax I.D. #	- -	Driver License or I.D. # and State (for example, "Texas")	Telephone #
Name & Type of Owner: (For example, "corporation" or "individual")		Birthdate / /	

Address: _____			
Social Security # or Tax I.D. #	- -	Driver License or I.D. # and State (for example, "Texas")	Telephone #
Name & Type of Owner: (For example, "corporation" or "individual")		Birthdate / /	

Address: _____			
Social Security # or Tax I.D. #	- -	Driver License or I.D. # and State (for example, "Texas")	Telephone #

D. Criminal History.

***Person: An individual, corporation or association.**

****Association: A trust, partnership, or two or more persons having a joint or common economic interest.**

For each person identified in Sections "A", "B", and "C" of this application, answer the following criminal history.

Has any person been convicted of any of the following offenses within ten years immediately preceding the date of this application?

	YES	NO
1. Prostitution or Promotion of Prostitution		
2. Aggravated Promotion of Prostitution		
3. Compelling Prostitution		
4. Obscenity		
5. Sale, Distribution or Display of Harmful Material to a Minor		
6. Sexual Performance By A Child		
7. Employment Harmful To Children		
8. Possession or Promotion of Child Pornography		
9. Public Lewdness or Indecent Exposure		
10. Indecency With A Child		
11. Sexual Assault, or Aggravated Sexual Assault		
12. Harboring a Runaway Child		
13. Criminal attempt, conspiracy or solicitation to commit any of the above offenses		
14. A felony in any jurisdiction		
15. Any Violation of City Ordinance Number 2012-12-06-0933 (Sexually Oriented Business Ordinance), as amended		
16. Texas Penal Code 20A.02 – Trafficking of Persons		

G. Attach a Diagram

***Diagram: A drawing sufficient to depict each area of a Sexually Oriented Business, whether open or closed, accessible or inaccessible to customers or patrons, including but not limited to, each entrance, exit, room, bar, kitchen, office, stairway, or lavatory. The drawing must indicate the square footage of the entire establishment, along with square footage of each enclosed area within the establishment. Each area should also be labeled by usage.**

****Attach a diagram to this application. This application is incomplete unless a diagram is attached.**

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, 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 FURTHER SWEAR OR AFFIRM THAT I AM AUTHORIZED BY THE OWNER-OPERATOR(S) — AS THEY HAVE BEEN DEFINED AT SECTION "A" OF THIS APPLICATION — TO FILE THIS APPLICATION ON THEIR BEHALF AND ON BEHALF OF THE SEXUALLY ORIENTED BUSINESS THAT SEEKS TO OPERATE UNDER A PERMIT OBTAINED FROM THE FILING OF THIS APPLICATION."

"I AM EMPOWERED TO AUTHORIZE AND DO 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, INCLUDING AN AUTHORIZATION FOR THE CITY OF SAN ANTONIO TO OBTAIN A CRIMINAL BACKGROUND HISTORY FOR EACH PERSON IDENTIFIED IN THIS APPLICATION."

Signature of Individual
Title of Individual: _____

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

Notary Public, For the State of: _____
My Commission Expires on: _____