



**SHREVEPORT POLICE DEPARTMENT  
SEXUALLY ORIENTED BUSINESS  
LICENSE APPLICATION**  
Application for \_\_\_\_\_ Year

- Initial Application
- Renewal Application
- Supplement Application (Used for Information Charge)

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| <b>ABO/REVENUE OFFICE USE ONLY</b><br><br><b>POST MARK DATE/INITIALS</b> _____ / _____<br><b>ABO OFFICE ONLY</b><br><b>DATE RECEIVED/INITIALS</b> _____ / _____ |
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Application must be filled out completely (check all that apply)

- Application for:  Type I License:  Adult Cabaret  Adult Motel  Escort Agency  Massage Center  
\$ 1000.00  Adult Motion Picture Theater  Exotic Dance Service
- Type II License  Adult Bookstore  Adult Novelty Store  Adult Video Store  Semi-nude Modeling Studio
- Type III License  Dual Purpose Business  
\$ 100.00

Business Category  Corporation  Partnership  Limited Liability Corporation (LLC)  Individual

If owner change: Previous Owner: \_\_\_\_\_ Name of business: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permit issued to: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If different from business name)

Name of Manager: \_\_\_\_\_ Phone# (Home) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Any other name (s) used in the previous 5 years \_\_\_\_\_

APPROVED \_\_\_\_\_  
Chief of Police or \_\_\_\_\_ Date  
Designated Representative

DISAPPROVED \_\_\_\_\_  
Chief of Police or \_\_\_\_\_ Date  
Designated Representative

Owner(s) Full Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_  
(Last, First, MI)

Any other name(s) used in the past five years \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Owner(s) Spouse Full Name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Any other name(s) used in the past five year's  
\_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security: \_\_\_\_\_ DOB: \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**QUESTIONS PERTAIN TO BOTH APPLICANT AND SPOUSE**

1. Have you been convicted or plead guilty or nolo contendere (no contest) to a specified criminal activity as defined in Chapter 72 of the Shreveport Code of Ordinance (see Specified Criminal Information Sheet for details) within the in the past five (5) years? \_\_\_\_\_. If so, fill out the appropriate sections below. **ALL APPLICABLE ARRESTS MUST BE LISTED.** Check all blocks that apply to your arrest (s). If additional space is required, ask for Conviction Supplement Sheet.

Arrested by: (Agency) \_\_\_\_\_ Charge (s) \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By signing above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

DPSSP6696

Revised 08/2011

FORM APPROVED BY THE CHIEF OF POLICE

**CERTIFICATION BY APPLICANT**

This is to certify that I understand that any misstatement or suppression of fact in this application or violation of any requirement set forth in the Sexually Oriented Business Ordinance is grounds for the denial of this request for a permit. I verify I have read the Specified Criminal Information Sheet and listed all applicable arrests. I also understand that I will be fingerprinted and checked for possible criminal history and any outstanding arrest warrants. With this knowledge, I certify I have each question contained on this application and that the answers which I have given are true and correct to the best of my knowledge.

Date: \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_