



Adult Oriented Business Application

Type of Application

New Renewal

Business Ownership Information

<input type="checkbox"/> Sole Ownership	Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	<input type="checkbox"/> Corporation
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Business Location Information

Business Name:
Business Physical Address:
Business Mailing Address: <input type="checkbox"/> Same as above

Property Owner or Manager Information

<input type="checkbox"/> Owned by Applicant	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented
Owner's/Manager's Name:		
Address:		
Phone Number:		

Applicant Identifying Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Applicant Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Applicant's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Applicant's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner Identifying Information **NA**

Last Name:	First Name:	MI:
Address (No P.O. Box):		
Date of Birth:	Social Security #:	
California Driver's License #:		

Business Partner Contact Information

Home Phone #:	Work Phone #:
Cell Phone #	Email Address:

Business Partner's Residence History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Business Partner's Employment History – Past Five Years

Current:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):
Previous:	From (month/year):
	To (month/year):

Corporation Information **NA**

Name of Corporation:
Date of Incorporation:
Name of the Registered Corporate Agent:
Address of the Registered Office for service of process:

Names and Capacity of all Officers and Directors

Name:	Capacity:

Description of Business

Provide a description of the type of adult oriented business for which the permit is requested:

New Application Fingerprinting Information (not for Renewals)

Adult Oriented Business applicants must be fingerprinted. Read the “Request for Livescan Instruction Sheet.” Once you have completed your fingerprint appointment, notify the Permits office (866-2188) that you have completed your appointment so they can monitor the results from the Department of Justice.

New Application Attachment Checklist (not for Renewals)

- Fingerprint application and copy of receipt.
- Two portrait photographs at least 2” x 2” in size of all applicants.
- If it is a partnership, a copy of the partnership agreement and whether or not it is general or limited.
- If it is a corporation, evidence that it is in good standing under the laws of California.
- If the applicant intends to operate the business under a name other than that of the applicant, proof of registration of the fictitious name.
- A sketch or diagram showing the interior configuration of the premises, including a statement of the total floor area occupied by the business. The sketch or diagram need not be professionally prepared, but needs to be drawn to a designated scale or drawn with marked dimensions of the interior premises to an accuracy of plus or minus six inches.
- A certificate and straight-line drawing prepared within thirty days prior to the application depicting the building and the portion thereof to be occupied by the adult oriented business, and: (1) the property line of any other adult oriented business within three hundred feet of the primary entrance and of the adult oriented business for which a permit is requested; and (2) the property lines of any church, school, park, residential zone or use within three hundred feet of the primary entrance of the adult oriented business.
- A diagram of the off-street parking areas and premises entries of the adult oriented business showing the location of the lighting system required by Section 5.55.050(c).

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this license application is grounds for denial, suspension, or revocation of an adult oriented business permit.
- I certify that all information contained in this application is complete and accurate.

Signature: _____ Date: _____

Signature: _____ Date: _____

Turning in the New Application (not for Renewals)

Contact the Permits office for an appointment at 408-866-2188. Bring with you the completed application, the fingerprint appointment form (and receipt), and the Police Department Application Fee. Once your fingerprints and application are processed, you will be contacted with the results. Provide the address to which the notice of action on the application is to be mailed:

Name: _____

Address: _____

City/State/Zip: _____

**Adult Oriented Business Applications to the Police Department are
accepted by Appointment Only
408-866-2188**

FOR CAMPBELL PD INTERNAL USE ONLY				
Application Received	Fingerprints Cleared	Application Granted	Application Denied	Permit Issued
_____	_____	_____	_____	_____
Date	Date	Date	Date	Date
_____	_____	_____	_____	_____
Name	Name	Name	Name	Name