

Canton Clerk's Office

Charter Township of Canton
Sexually Oriented Business License Application

Business Information

Name of business: _____ Phone/Cell: _____

Is the business a Sole Proprietorship, Partnership, Corporation

Address: _____

Legal Description: _____

Date use has or will be initiated: _____ Hours of Operation: _____

Nature of sexually oriented business:

- Adult Arcade
- Adult Book Store, Adult Novelty Store or Adult Video Store
- Adult Motion Picture Theater/Adult Live Stage Performing Theater
- Escort Agency
- Adult Cabaret
- Nude Model Studio
- Sexual Encounter Center
- Adult Motel

Applicant Information

Legal Name and aliases: _____

Residential Addresses for the past three (3) years:

Business Occupation/Employment History: This section is to include the three (3) years immediately preceding the date of this application.

Place of Employment	Dates	Duties
_____	_____	_____
_____	_____	_____



Has applicant (or anyone living with applicant) previously operated a sexually oriented business, adult use or similar business in any other city or state under license? Yes_____No_____

If yes, name and location of license:_____

Has any such license been revoked or suspended? Yes_____No_____

If yes, state reason for suspension or revocation, city or state, and the business activity or occupation of applicant. Explain in detail, if more space is needed, use reverse.

Social Security No._____Drivers License No._____

Height_____Weight_____Hair_____Sex_____Eyes_____
Date of Birth_____Place of Birth_____

Criminal convictions or ordinance violation convictions for the proceeding five (5) years of applicant or licensee. (Check appropriate conviction and complete all information, this section **must** be completed in full. If more space is needed, use reverse.)

- Felony (Specify nature)
- Sexual misconduct with children
- Keeping or residing in a house of ill fame, solicitation or a lewd or unlawful act, prostitution or pandering
- Selling obscene materials
- Prostitution or promotion of prostitution
- Dissemination of obscenity
- Sale, distribution or display of harmful material to a minor
- Sexual performance by a child
- Possession or distribution of child pornography
- Public lewdness
- Indecent exposure
- Indecency with a child
- Engaging in organized criminal activity
- Sexual assault
- Molestation of a child
- Gambling
- Distribution of a controlled substance
- Any similar offenses to those described above under the criminal or penal code of other states or countries

List all pleading or nolo contendere (no contest plea) or forfeiture bonds (do not list traffic violations).

Attach registered land surveyors drawing setting forth all uses and zoning districts within 1000 feet of property lines.

Attach diagram of premises setting forth floor space and dimensions.

Partner, Corporate Officer and Stockholders Information

If sexually oriented business is a sole proprietorship, omit this section and proceed to the Sexually Oriented Businesses Employee License Application

The name and address of any partner of limited partner, any officer or director of the corporation and any stockholder holding more than twenty (20%) percent of the corporate stock must provide the same information as provided by the applicant.

____ Partner, ____ Corporate officer, ____ Stockholder

If partnership, are you a limited or general partnership? _____

If a corporation, state the following:

Name of Corporation: _____

Date of Incorporation: _____

List all officers, directors and principal shareholders (more than 20%)

Name and address of registered agent: _____

Attach evidence of corporate good standing

For each partner, limited partner, any officer or director of the corporation and any stockholder holding more than twenty (20%) percent of the corporate stock please provide the following:

Legal Name and aliases: _____

Residential Addresses for the past three (3) years:

Business Occupation/Employment History: This section is to include the three (3) years immediately preceding the date of this application.

Place of Employment	Dates	Duties
_____	_____	_____
_____	_____	_____

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Has any such license been revoked or suspended? Yes _____ No _____

If yes, state reason for suspension or revocation, city or state, and the business activity or occupation of applicant. Explain in detail, if more space is needed, use reverse.

Social Security No. _____ Drivers License No. _____

Height _____ Weight _____ Hair _____ Sex _____ Eyes _____
Date of Birth _____ Place of Birth _____

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- Distribution of a controlled substance
- Any similar offenses to those described above under the criminal or penal code of other states or countries

List all pleading or nolo contendere (no contest plea) or forfeiture bonds (do not list traffic violations).

I hereby agree to conduct the above described adult business in accordance with all regulations and conditions imposed by the ordinances of the Township of Canton. I hereby affirm all information contained on this application is true, correct and accurate, and any incorrect or untrue statements will result in immediate revocation of the Township of Canton license for Sexually Oriented Business Employee. I also understand changes in any of the information herein provided must be immediately reported and a new application completed.

Signature of Applicant _____

This application will be considered complete only when all sections have been completed in their entirety and written proof of age, fingerprints, photograph, and receipt of application fee attached. If the premises are lease a copy of the lease must be attached. This application will not be processed unless all necessary information is provided.

Application Fee: \$370.00

Building Department: Approve _____ Denied _____ Signature _____

Public Safety: Approve _____ Denied _____ Signature _____

Clerk's Signature _____