

BOROUGH OF INDIANA PENNSYLVANIA



APPLICATION FOR SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE

Issuance of License, the permit office shall issue license unless:

- 1. The Applicant is less than eighteen (18) years of age.**
- 2. The Applicant has failed to provide information as required by this Order for issuance of a license or has falsely answered a question or request for information on the application form.**
- 3. The license application fee required by this Order has not been paid.**
- 4. Any sexually oriented business in which the Applicant has had an influential interest has in the previous five (5) years (and at the time during which the applicant had the influential interest):**
 - a. Been declared by a court of law to be a nuisance; or**
 - b. Been subject to an order of closure or padlocking.**
- 5. The applicant has been convicted of or pled guilty or no contest to a specified criminal activity, as defined in this Order.**

NOTE: A SEXUALLY ORIENTED BUSINESS EMPLOYER SHALL KEEP THE EMPLOYEE'S LICENSE ON THE PREMISES WHERE THE LICENSEE IS THEN WORKING OR PERFORMING.

The initial license and annual renewal fees for a sexually oriented business licenses shall be fifty dollars (\$50.00) for the initial fee and twenty-five dollars (\$25.00) for annual renewal.

By my signature below, I acknowledge that I am aware of the requirements related to sexually oriented business employee as defined in the Borough of Indiana Sexually Oriented Business Order. I further affirm that I have been provided a copy of the Order and understand that violations may result in suspension and/or revocation of this license, and potential criminal prosecution.

I hereby submit the above information provided along with the attached documents in support of the Application for a License of employment for a Sexually Oriented Business. I certify that all information is accurate and complete. I understand if it is determined that the application is not accurate and/or complete, the license may be denied or revoked, and may further result in criminal prosecution.

1. Applicant's True Full Name: _____

2. Mother's Maiden Name: _____

3. Any Other Names/Aliases Used in the Last Five Years: _____

4. Current Residence/Mailing Address: _____

5. Current Business/Mailing Address: _____

6. Age/Date/Place of Birth: _____

7. Height/Weight/Hair and Eye Color: _____

Social Security Number: _____

8. Is Written Proof of Age (driver's license OR a copy of your birth certificate accompanied by a picture identification document issued by a governmental agency) attached and provided at the time of applying?

Yes No

9. Are you 18 years of age or older?

Yes No

10. Have you been convicted of or pled guilty or no contest to a specified criminal activity?

[See definition of "specified criminal activity" attached to this application form.]

Yes No

If yes, then for each such conviction, guilty plea, or plea of no contest, state:

a) The offense: _____

b) Court in which charged: _____

c) The date of conviction or plea: _____

d) The place of conviction or plea: _____

e) Date of release from confinement: _____

[If additional space is needed, check here ____ and respond further on a separate sheet.]

11. Have you had an influential interest in a sexually oriented business that, in the past five years, that has been declared by a court of law to be a nuisance or has been subject to a court order requiring closure or padlocking of the business (for conduct of which you had knowledge and that occurred when you had such influential interest)?

- Yes No

If yes, state:

a) Name of Business: _____

b) City, county, and state where such business is/was located: _____

c) Court and date of court's order: _____

[If additional space is needed, check here ____ and respond further on a separate sheet.]

12. Check which fee/amount is attached:

- \$50 initial fee for sexually oriented business employee license
- \$25 annual renewal fee for sexually oriented business employee license

By signing this application, you represent that the information contained herein is true, complete, and accurate. This application must be notarized. You must file this application in person. You are responsible to supplement the information provided on this form within ten (10) working days of a change of circumstances which would render the information originally submitted false or incomplete, and you must make such supplementation in writing be certified mail, return receipt requested, to the Zoning Office.

ATTEST:

WITNESS the following signatures and seals:

(SEAL)

For the Municipality:

(SEAL)

For the Applicant:

Attest:

_____ **(City, Borough, Township)**

County of _____, Pennsylvania

I, _____, a Notary Public in and for the County and State aforesaid, whose commission expires on the _____ day of _____, 20____, do hereby certify that _____ whose name(s) is/are signed to the foregoing Agreement bearing date of the _____ day of _____, 20____, has acknowledged the same before me in my said County and State.

GIVEN UNDER MY HAND THIS _____ day of _____, 20____.

NOTARY PUBLIC

For purposes of this application, “*specified criminal activity*” means:

Any of the following specified crimes for which less than five years elapsed since the date of conviction or the date of release from confinement for the conviction, whichever is the later date:

- 1. Prostitution, promotion of prostitution; aggravated promotion of prostitution; compelling prostitution; obscenity; sale, distribution, or display of harmful material to minor; sexual performance by a child; employment harmful to children; or possession or promotion of child pornography as defined in the Pennsylvania Penal Code;**
- 2. Public lewdness; indecent exposure; or indecency with a child as defined in the Pennsylvania Penal Code;**
- 3. Sexual assault, aggravated sexual assault, public indecency, statutory rape, rape of a child, sexual exploitation of a minor, indecent exposure; as defined in the Pennsylvania Penal Code;**
- 4. Criminal attempt, solicitation, or conspiracy to commit any of the foregoing offenses as defined in the Pennsylvania Penal Code; or**
- 5. Any offense in another jurisdiction that, had the predicate act(s) been committed in Pennsylvania, would have constituted any of the foregoing offenses.**