



ADULT ENTERTAINMENT PERMIT APPLICATION
 Neighborhood and Community Services Department
 Regulated Industries Division, 635 Woodland Avenue, Suite 2101
 Kansas City, Missouri 64106

Date _____

Revised 09-23-05

I hereby make application for a permit to be a(n): Manager Employee of an Adult Entertainment Facility New Renewal
 (PLEASE CHECK APPROPRIATE CATEGORY)

1. Name _____ Sex _____
First Middle Last Maiden Name/Other

2. Stage name or nickname used in entertaining _____

3. Address _____ Residence Phone: _____
Street City State Zip Code

4. Date of Birth _____ Place of Birth _____ Soc. Sec. No. _____

5. Age _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

6. List the name and address for each and every Adult Entertainment Facility at which you intend to work:

1. _____	2. _____
<small>Name of Facility</small>	<small>Name of Facility</small>
<small>Address</small>	<small>Address</small>

8. Marital Status: Married _____ Single _____ Divorced _____ Separated _____

9. Have you ever been convicted of, or released from confinement for conviction of, any felony, within the last five (5) years, or any misdemeanor, within the last two (2) years, where such felony or misdemeanor involved sexual offenses, prostitution, sexual abuse of a child, pornography or related abuses, or controlled substances, illegal drugs or narcotics offenses; or have been convicted of, or released from confinement for conviction of, any municipal ordinance violation, within the last two (2) years, where such violation involved indecent exposure, prostitution or sale of controlled substances, illegal drugs or narcotics? Yes _____ No _____

If yes, list all convictions below:

Date:	Offense/Conviction Charge:	Where: City/State
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_____	_____	_____
_____	_____	_____

I hereby authorize law enforcement, probation and parole agencies to release all information pertaining to any criminal record and social security number trace. I understand that furnishing false or incomplete information on this application may be grounds for denial of the permit I am seeking. I also understand that there is no refund of the fee that accompanies this application if, for any reason, it is denied.

Applicant's Signature _____ Date _____

THIS SECTION TO BE USED BY NEW APPLICANTS ONLY

Identification: Drivers License No. _____ Other _____

STATE OF MISSOURI)
) ss
 COUNTY OF)

I, (please print) _____ being of lawful age and duly sworn upon my oath do swear that the answers and information given in this personal information statement are true and complete to the best of my knowledge and belief.

 Signature of Applicant

Subscribed and sworn before me this _____ day of _____ 20_____

My commission expires _____

 Notary