# Town of Lowville Adult-Oriented Entertainment License Original Application

## PART A- APPLICANT INSTRUCTIONS

File this completed application, the complete auxiliary questionnaire(s), and application fee as specified on the current Town of Lowville Fee Schedule with the town clerk. Use the reverse side if you cannot answer a question with the space provided. Answer ALL questions completely.

## PART B- TO BE COMPLETED BY APPLICANT

1. Name of Applicant: \_\_\_\_\_\_

2. Date of Application:	_ 3. Type:	Individual	Partnership	_Corporation	_LLC
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4. Address of Applicant: \_\_\_\_\_

5. List the name, title, and place of residence of each person, officer, director, partner, limited partner, and any person who is directly interested in the control of the business:

TITLE	FULL NAME	HOME ADDRESS	CITY, STATE, ZIP

#### \*EACH PERSON LISTED ABOVE MUST COMPLETE AN "AUXILARY QUESTIONNAIRE"\*

6. Trade Name:	7. Business Phone:
8. Address of Premises:	

9. Is any other person, partnership, organization or corporation interested directly in the control of this business? YES \_\_\_\_\_ NO\_\_\_\_\_ (Check One)

10. Does the applicant or any officer, director, partner, limited partner, or other person who is directly interested in the control of the business hold any interest in any other adult entertainment establishment license or similar license or permit?: (If yes, list name & location)

# **11. CORPORATE APPLICANTS ONLY.**

List State and Date of Incorporation:

Name and Address of Registered Agent: \_\_\_\_\_

## PART C- READ CAREFULLY BEFORE SIGNING:

Under penalty provided by law, the signers state that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Any inaccurate answer may be grounds for denial of the application. Signers agree to operate this business according to law and observe the provisions in The Town of Lowville Adult-Oriented Entertainment Ordinance relating to the operation of an adult entertainment establishment. The signers agree that the license, if granted, will not be assigned to another. Any refusal to allow access to any portion of the licensed premises will be deemed a refusal to permit inspection. Such refusal is grounds for revocation.

(Individual / Officer / Member / Manager / Partner)	Date
(Individual / Officer / Member / Manager / Partner)	Date
(Individual / Officer / Member / Manager / Partner)	Date
PART D — FOR TOWN USE ONLY	
Date Received & Filed:	
Lowville Town Board Decision: APPROVED / DENIED Date of Decision:	
Discussion Notes / Comments:	
Town Board Chair:	
Town Board Chair Signature:	Date:
Town Clerk:	
Clerk Signature (Attest):	Date: