

## **CITY OF LONGVIEW**

### **APPLICATION PROCESS FOR SEXUALLY ORIENTED BUSINESS**

Applications are available at the Longview Police Department Records Division, 302 W. Cotton, Longview, Texas, from 8:00 a.m. until 5:00 p.m., Monday through Friday.

Completed applications shall be submitted to the Longview Police Department at the same address.

A letter of explanation will be included with the incomplete application.

The Longview Police Department will process complete application.

An employee designated by the Chief of Police will review the application and determine whether the required information and documentation is included.

If the application is incomplete, it will be returned to the applicant immediately.

A copy of the application will be forwarded to the Finance Director for determination as set forth in the ordinance.

The applicant shall post signs at the business site as directed in the ordinance.

The applicant shall publish notice to the public in the newspaper as set forth in the ordinance.

The Longview Police Department will verify all information and documentation.

The Longview Police Department shall have thirty (30) days to approve or reject an application. If the application is not approved or rejected within thirty (30) days, the applicant may apply in writing for a temporary license as set forth in Section 58-118(h) of the Longview Code of Ordinances. Any such temporary license will be valid only until the third day after the applicant's regular license is issued or denied.

The Longview Police Department shall cause the inspection of the business facility, by the appropriate state and local agencies, to insure it meets all local and state codes.

The applicant will be notified of any violations and is required to make correction before license is granted.

The applicant will be notified by certified mail if a license is granted.

The applicant will be notified by certified mail if a license is denied and the reasons for denial.

An applicant may appeal any decision of the Chief of Police as set forth in the ordinance.

Renewal applications will be submitted under the same guidelines as outlined above.

## **APPLICATION INFORMATION AND DOCUMENTATION**

### **CHECK LIST**

- 1. Applicant declaration sheet must be read, signed and notarized in the presence of Police Department personnel.**
- 2. Required information for each person in the partnership.**
- 3. Required information and documentation for corporation.**
- 4. Required information for all directors of the corporation.**
- 5. Required information for all spouses of directors, partners, owners, and managers.**
- 6. Required information and documentation for all employees as set forth in Section 58-117(b) of the Longview Code of Ordinances.**
- 7. Required sketch or diagram as defined in Section 58-117(d) of the Longview Code of Ordinances.**
- 8. Required two (2) copies of a recent photo of applicant and employees.**
- 9. Payment of the application fee in full, in the amount of \$500.00. Payment of annual fee of \$50.00 for each employee with each application. Fees will be paid by certified or cashier's check.**
- 10. Required certified copy of the articles of incorporation, together with all amendments.**
- 11. If the establishment is a foreign corporation, a certified copy of the certificate of authority to transact business in this state, together with all amendments.**
- 12. If the establishment is a limited partnership formed under the laws of Texas, a certified copy of the certificate of limited partnership, together with all amendments.**
- 13. If the establishment is a limited partnership, a certified copy of the certificate of limited partnership and the qualification documents, together with all amendments.**
- 14. Any other specific documentation required for any described sexually oriented business.**

## MANAGEMENT

The following information must be complete on any person who is or whom you know will be employed in a managerial capacity in this sexually oriented business.

NAME OF MANAGER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

### FOR BACKGROUND CHECK ONLY

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

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NAME OF MANAGER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

### FOR BACKGROUND CHECK ONLY

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

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NAME OF MANAGER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

### FOR BACKGROUND CHECK ONLY

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

\*The disclosure of an applicant's social security number is voluntary. The number will be used to conduct a criminal background check of the applicant in order to ensure compliance with the requirements of Longview Code of Ordinances Section 58-118.

IF ADDITIONAL SPACE IS NECESSARY, PLEASE MAKE COPIES AND ATTACH TO THIS APPLICATION.

**EMPLOYEE APPLICANT DECLARATION**

**(MUST BE SIGNED AND NOTARIZED AT POLICE STATION)**

**Applicant declares that he/she will comply with the City of Longview Sexually Oriented Business Ordinance No. 2414 (Longview Code of Ordinances Chapter 58, Article VI).**

**Applicant shall attach two facial photographs of himself/herself to the application.**

**Applicant agrees that he/she shall not be employed or dance or perform at any sexually oriented business in the City of Longview without the appropriate license required by said Ordinance No. 2414 (Longview Code of Ordinances Chapter 58, Article VI).**

**Applicant agrees that the name he/she has used in the application is in fact a true and correct legal name of the applicant and is not a stage name and is the same name on applicant's driver's license.**

**Applicant agrees that he/she will have immediate access to issued permit at all times when working at said sexually oriented business.**

**Applicant declares that all the information provided in this application is true and correct; that any action occurring during the application process that would change any of the information provided shall be reported immediately to the Longview Police Department and that all appropriate documentation has been provided.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

State of Texas  
County of Gregg

**Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ who is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas

## EMPLOYEE\* PERMIT APPLICATION

The following information is required when applying for an employee permit to work in a sexually oriented business.

Application date: \_\_\_\_\_

### BUSINESS INFORMATION

Name of business where I will work \_\_\_\_\_

Mailing address of business \_\_\_\_\_

Address of business location \_\_\_\_\_

Telephone number of business \_\_\_\_\_ Employee's telephone number \_\_\_\_\_

### PERSONAL INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Name

Home address \_\_\_\_\_

Mailing address \_\_\_\_\_

Home telephone number \_\_\_\_\_

Stage names \_\_\_\_\_

### FOR BACKGROUND CHECK ONLY

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*\*SOCIAL SECURITY NUMBER \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

City State

Have you ever been convicted or granted probation (including deferred adjudication) for any criminal offense? (Does not include traffic offenses.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name of offense, court date, and disposition:

\_\_\_\_\_  
\* The term "employee" includes dancers or other persons who dance or perform for tips or other compensation and who may or may not earn a salary or wages.

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**ALL APPLICANTS COMPLETE THIS SECTION**

**Does applicant currently own or operate a sexually oriented business:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, complete the following:**

**NAME OF BUSINESS** \_\_\_\_\_

**LOCATION OF BUSINESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**DATE BUSINESS OPENED** \_\_\_\_\_ **TO PRESENT.**

**Has applicant previously owned or operated a sexually oriented business?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, complete the following:**

**NAME OF BUSINESS** \_\_\_\_\_

**LOCATION OF BUSINESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**DATES OF BUSINESS OPERATION** \_\_\_\_\_

**Has applicant been denied or refused a sexually oriented business permit?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, where and when did such action occur?** \_\_\_\_\_

**Has applicant had his sexually oriented business license/permit revoked?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, where and when did such action occur?** \_\_\_\_\_

**Has applicant ever been convicted or granted probation (including deferred adjudication) for any criminal offense? (Does not include traffic offenses.)**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, list name of offense, the court date and disposition.** \_\_\_\_\_

**Does the owner, any partner or any director of the corporation currently own or operate a sexually oriented business?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, complete the following:**

**NAME OF BUSINESS** \_\_\_\_\_

**LOCATION OF BUSINESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**DATES OF OPERATION** \_\_\_\_\_

**Has the owner, any partner or any director of the corporation previously owned or operated a sexually oriented business?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, complete the following:**

**NAME OF BUSINESS** \_\_\_\_\_

**LOCATION OF BUSINESS** \_\_\_\_\_

**CITY/STATE/ZIP** \_\_\_\_\_

**DATES OF OPERATION** \_\_\_\_\_

**Has the owner, any partner or any director of the corporation been denied or refused a sexually oriented business permit?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, where and when did such action occur?** \_\_\_\_\_

\_\_\_\_\_

**Has the owner, any partner or any director of the corporation had his sexually oriented business permit revoked?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when did such action occur? \_\_\_\_\_

**Has owner, any partner, or any director of the corporation ever been convicted or granted probation for any criminal offense in a court of record? (Does not include Class "C" convictions in J.P. or Municipal Court.)**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name of offense, the court date and disposition: \_\_\_\_\_



## PARTNERSHIP

The following information must be complete on each member of the partnership, whether the member will be directly or indirectly involved in the operation of the sexually oriented business.

PARTNER NAME: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

### FOR BACKGROUND CHECK ONLY

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

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PARTNER NAME: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

### FOR BACKGROUND CHECK ONLY

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

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PARTNER NAME: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

### FOR BACKGROUND CHECK ONLY

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

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**CORPORATION**

Are you a Texas Corporation, licensed to do business in the State of Texas?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not a Texas Corporation, what is the State of incorporation? \_\_\_\_\_

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The following information must be complete for each director of the corporation, whether they are directly or indirectly involved in the operation of the sexually oriented business.

DIRECTOR'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

**FOR BACKGROUND CHECK ONLY**

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

=====

DIRECTOR'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

**FOR BACKGROUND CHECK ONLY**

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

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**APPLICATION FOR SEXUALLY ORIENTED BUSINESS LICENSE  
OWNERSHIP**

DATE OF APPLICATION \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

PHYSICAL LOCATION OF BUSINESS \_\_\_\_\_

MAILING ADDRESS OF BUSINESS \_\_\_\_\_

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

\*\*\*\*\*

**TYPE OF BUSINESS**

- |   |  |
|---|--|
| <input type="checkbox"/> ADULT ARCADE                 | <input type="checkbox"/> ADULT THEATER           |
| <input type="checkbox"/> ADULT BOOKSTORE              | <input type="checkbox"/> ADULT VIDEO THEATER     |
| <input type="checkbox"/> ADULT CABARET                | <input type="checkbox"/> ESCORT AGENCY           |
| <input type="checkbox"/> ADULT MOTEL                  | <input type="checkbox"/> NUDE MODEL STUDIO       |
| <input type="checkbox"/> ADULT MOTION PICTURE THEATER | <input type="checkbox"/> SEXUAL ENCOUNTER CENTER |
| <input type="checkbox"/> OTHER                        |  |

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**TYPE OF OWNERSHIP**

- AN INDIVIDUAL (SOLE PROPRIETORSHIP) (Complete section entitled "Individual Ownership")
- A PARTNERSHIP (Complete section entitled "Partnership")
- A CORPORATION (Complete section entitled "Corporation")

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**INDIVIDUAL OWNERSHIP**

NAME OF OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

OWNER'S HOME TELEPHONE \_\_\_\_\_

**FOR BACKGROUND CHECK ONLY**

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_  
DRIVER'S LICENSE NUMBER \_\_\_\_\_  
\*SOCIAL SECURITY NUMBER \_\_\_\_\_

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**SPOUSE INFORMATION**

The following information must be complete for the spouse of each owner, manager, partner, and director of the corporation, whether they are directly or indirectly involved with the operation of the sexually oriented business.

NAME OF SPOUSE \_\_\_\_\_

SPOUSE MAIDEN NAME \_\_\_\_\_

SPOUSE HOME ADDRESS \_\_\_\_\_

SPOUSE MAILING ADDRESS \_\_\_\_\_

SPOUSE HOME TELEPHONE \_\_\_\_\_

**FOR BACKGROUND CHECK ONLY**

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

\*SOCIAL SECURITY NUMBER \_\_\_\_\_

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NAME OF SPOUSE \_\_\_\_\_

SPOUSE MAIDEN NAME \_\_\_\_\_

SPOUSE HOME ADDRESS \_\_\_\_\_

SPOUSE MAILING ADDRESS \_\_\_\_\_

SPOUSE HOME TELEPHONE \_\_\_\_\_

**FOR BACKGROUND CHECK ONLY**

SEX \_\_\_\_\_ ETHNIC ORIGIN \_\_\_\_\_ DOB \_\_\_\_\_

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