

**CITY OF LAWRENCE, KANSAS**  
**SEXUALLY ORIENTED ENTERTAINMENT BUSINESS**  
**MANAGER APPLICATION**

Name of Applicant: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Business Phone: (\_\_\_\_) \_\_\_\_\_ Residence Phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Drivers License No./State: \_\_\_\_\_

A STATEMENT MUST BE ATTACHED FROM THE BUSINESS STATING THE SOE BUSINESS INTENDS TO HIRE APPLICANT AS A MANAGER AND THAT THE BUSINESS IS LICENSED OR HAS APPLIED FOR A LICENSE.

PROOF OF DATE OF BIRTH MUST BE SUBMITTED TO CITY CLERK'S OFFICE FOR COPYING.

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

City License Number: \_\_\_\_\_

A FULL SET OF FINGERPRINTS AND A PHOTOGRAPH OF THE APPLICANT MUST BE TAKEN BY THE POLICE DEPARTMENT. A CHARGE WILL BE ASSESSED BY THE POLICE DEPARTMENT FOR SUCH SERVICES.

1. I certify I have NOT been convicted of, released from confinement for conviction of, or diverted from prosecution on;
2. A misdemeanor criminal act within five (5) years immediately preceding the application, where such felony or misdemeanor criminal act involved sexual offenses, prostitution, promotion of prostitution, sexual abuse of a child, pornography or related offenses as defined in the Kansas Criminal Code or other state statutes of similar applicability, or involved controlled substances or illegal drugs or narcotics offenses as defined in the Kansas Controlled Substance Act or other state statutes of similar applicability or ordinances.
3. This statement shall also indicate that I have not been convicted of a municipal ordinance violation or diverted from prosecution on a municipal ordinance violation, within two (2) years immediately preceding the application where such municipal ordinance violation involved sexual offenses, indecent exposure, prostitution or sale of controlled substances or illegal drugs or narcotics.

I hereby certify that the above and foregoing information is true and correct. I have received and read Chapter 6, Article 3, of the Code of the City of Lawrence, which regulates sexually oriented entertainment business and hereby agree to abide by all rules and regulation therein. I understand that in the event of termination of my employment with the business listed hereon, this license is null and void. I certify that all documentation required has been supplied. I understand fees paid for processing this application are not refundable in the event this license is not approved or revoked for any reason.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

**LICENSE APPROVAL**

For Office Use Only:

Date Submitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fee Paid \$ \_\_\_\_\_

I hereby APPROVE      DISAPPROVE      this application.

\_\_\_\_\_  
Chief of Police

License issued this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Administrative Services/City Clerk