

**SEXUALLY ORIENTED BUSINESS  
MANAGER REGISTRATION**

**Fee.....\$75.00**

Note: If the licensee is the only manager, there is no requirement  
to file a separate Manager Registration form or pay a separate fee of \$75.00

This form must be completed for all Sexually Oriented Businesses for each manager. All applicants will be fingerprinted in order to conduct a background investigation.

**Name of Licensee:** \_\_\_\_\_

**Trade Name of Establishment:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Manager:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**OATH OF APPLICANT**

I declare under penalty of perjury in the second degree that I have read the foregoing registration and that all information contained herein is true, correct and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

**APPLICATION FOR SEXUALLY ORIENTED BUSINESS LICENSE  
CITY & COUNTY OF BROOMFIELD**

<b>NEW LICENSE</b>	<b>\$950.00</b>
<b>REGISTRATION OF MANAGER</b>	<b>\$ 75.00</b>
<b>RENEWAL OF LICENSE</b>	<b>\$950.00</b>

1. **Name of Applicant:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

2. **Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

3. **Trade Name:** \_\_\_\_\_

4. **Business Address:** \_\_\_\_\_  
\_\_\_\_\_

5. **Name of Manager:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

6. **If Applicant is an Individual:**  
**Name:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

7. **If Applicant is a Corporation, list all Officers and Directors: (attach a separate sheet if necessary)**

<b>Name</b>	<b>Address</b>	<b>Date of Birth</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **If the Applicant is a limited liability company, list all members responsible for the management of the company: (attach a separate sheet if necessary)**

<b>Name</b>	<b>Address</b>	<b>Date of Birth</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. **Has the Applicant or any Officer, Director or Member of the Applicant ever been convicted of any sex offense or crime connected with another sexually-oriented business, including for example, distribution of obscenity, prostitution, pandering or tax violation?**

Type of Offense \_\_\_\_\_  
Date of Offense \_\_\_\_\_  
City, County and State of Conviction \_\_\_\_\_  
Date of Conviction or Date of Release from Confinement \_\_\_\_\_

10. **On the premises for which this application is made, do you have the following?**

Adult Arcade _____	Adult Bookstore/Adult Video Store _____
Adult Cabaret _____	Adult Motel _____
Adult Theater _____	Adult Motion Picture Theater _____

11. **Approved Fire Inspection, Building Inspection and Police Background reports MUST accompany this application.**

12. **A diagram must accompany this application which details the following:**

- (a) Configuration of the premises (to scale, with accuracy of plus or minus six inches)
- (b) Total floor space
- (c) Designated use of area
- (d) Designation of rooms where patrons are not permitted

**NO CHANGES CAN BE MADE WITHOUT CITY COUNCIL APPROVAL.**

13. **Attach a vicinity map showing approved sexually-oriented businesses, churches, schools, public parks and open space, residentially zoned property, and day care facilities within 1,500 feet of the site.**

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STATE OF COLORADO            )  
  ) ss.  
COUNTY OF BROOMFIELD    )

The affiant, being first duly sworn upon oath, deposes and says: if the applicant is an individual, that the affiant is the applicant above named, or that the affiant is filing this application on behalf of the partnership, limited partnership, corporation or limited liability company; that the affiant has read the foregoing application, the application is true and correct of affiant's own knowledge and affiant agrees to conform to all requirements set forth in Chapter 5-36 of the Broomfield Municipal Code, as amended.

Individuals, Partnerships, Limited Partnerships, Officers of the Corporation and members of Limited Liability Companies must sign here.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(Seal)

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