

ADULT USE LICENSE APPLICATION

INSTRUCTIONS

1. Read and understand Pinellas County Ordinances Chapter 42 – Article III, as amended; and Chapter 6 – Article I, as amended. If any terms in the application form are unfamiliar, check the definitions sections of these ordinances.

2. Complete all applicable sections of the application. If you have any questions, contact Pinellas County Consumer Protection at (727) 464-6200. Write neatly. If any entry cannot be easily read, the application will be returned for correction. The completed application should be submitted to:

**Pinellas County Consumer Protection
14250 49th St. N., Suite 1000, Rm. 2
Clearwater, FL 33762**

3. Include a NON-REFUNDABLE application fee of \$100.00. This fee covers the actual administrative cost of reviewing and processing your application. All checks should be made payable to the Pinellas County Board of County Commissioners.

4. Include in the same check an additional NON-REFUNDABLE fee of \$30.00 for EACH owner, partner, officer, director, and stockholder you list in questions D1, D2, and D3. This additional fee covers the cost of required background checks on the individuals.

5. If your application is correctly completed and the background checks reveal no disqualifying information, you will be notified that your application is approved. At that time you must submit a license fee of \$1,700.00. The \$100.00 application fee noted above will be credited towards this amount, leaving a balance due of \$1,600.00.

Please visit the Pinellas County Attorney website at <http://www.pinellascounty.org/attorney/> for a link to Pinellas County Codes. Printed copies of Adult Use related ordinances can be obtained from Pinellas County Consumer Protection upon request.

APPLICATION FOR PINELLAS COUNTY ADULT USE LICENSE

A. THIS APPLICATION IS FOR:

A new license

Transfer of an existing license to the applicant from the following licensee:

(Attach notarized affidavit from current license holder consenting to the transfer.)

A renewal license

B. CLASSIFICATIONS:

Describe the general nature of the adult use for which a license is sought, including a statement concerning the degree to which the anticipated activities meet the definitions of adult use classifications listed in Pinellas County Ordinance 42-51, and then check one or more of the classifications listed below:

- ☐ Adult Bookstore
☐ Adult Theater
☐ Adult Photographic or Modeling Studio
☐ Physical Culture Establishment
☐ Special Cabaret
☐ Combination of any of the above (check all classes above that apply)

C. PROPOSED/EXISTING ESTABLISHMENT:

1. Name of establishment: _____

2. Legal address of establishment: _____

3. Business telephone number of establishment: _____

4. Legal description of property site where establishment is located: _____

5. Name, email, address and telephone number of individual to receive all notices pursuant to Pinellas County Ordinance 42-77(b), as amended:

Name: _____ Email: _____

Address: _____

Phone: _____

6. If the name of the establishment is a "Fictitious Name" as defined in Section 865.09, Florida Statutes (1991), attach a certified copy of the fictitious name registration with the Division of Corporations of the Florida Department of State.

7. The names of employees pursuant to Pinellas County Ordinance 42-77(b):

First Name: _____ Last Name: _____
Any Aliases: _____ Date of Birth: _____

First Name: _____ Last Name: _____
Any Aliases: _____ Date of Birth: _____

First Name: _____ Last Name: _____
Any Aliases: _____ Date of Birth: _____

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Any Aliases: _____ Date of Birth: _____

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Any Aliases: _____ Date of Birth: _____

First Name: _____ Last Name: _____
Any Aliases: _____ Date of Birth: _____

(Note: Please attach additional sheets if needed.)

D. APPLICANT INFORMATION:

1. If applicant is an *INDIVIDUAL*, complete the following:

- a. Full legal name: _____
- b. All aliases: _____
- c. Driver license number and issuing state (or state/federal identification card number): _____
- d. Address: _____
- e. Telephone number: _____
- f. Date of birth: _____; enclose proof of age.

2. If applicant is a *PARTNERSHIP*, complete the following:

- a. Full legal name of partnership: _____
- b. Is partnership (check one): general _____, or limited _____.
- c. Full legal name, date of birth, driver license number and issuing state (or state/federal identification card number), and position or title of every partner who has direct, managerial, supervisory, or advisory responsibilities for day-to-day operations of the adult use. Use extra sheets if necessary.

- d. Contact person/telephone no.: _____; _____

3. If applicant is a *CORPORATION/LIMITED LIABILITY COMPANY (LLC)*, complete the following:

- a. Complete legal name of corporation/LLC: _____
- b. Date of incorporation/formation: _____
- c. State where incorporated/formed: _____
- d. State corporate/LLC document number: _____
- e. Current status: _____
- f. Full legal name, date of birth, driver license number and issuing state (or state/federal identification card number), and position or title of every officer, director, and stockholder having direct, managerial, supervisory, or advisory responsibilities for day-to-day operations of the adult use. Use extra sheets if necessary.

- g. Contact person/telephone no.: _____; _____

h. If applicable, list the name of the registered corporate agent and the address and telephone number of the registered office for service of process:

4. Do any of the individuals listed in D1, D2, or D3 hold any other licenses under Pinellas County Ordinance Chapter 42 – Article III, or do they have any other applications for such licenses pending as of the date of this application? Yes ___, No___.

If "Yes", state the name of the individual(s) holding or applying for such licenses and the name, address, telephone number, and classification of the adult use establishment(s). Use extra sheets if necessary.

5. Have you or any person listed in D1, D2, or D3 been convicted of, pleaded guilty or nolo contendere to, or had adjudication withheld from a specified criminal act as defined in Pinellas County Ordinance Chapter 42 – Article III, within the five-year period immediately preceding the date of this application? Yes ___, No ___

If "Yes", list the person's name, the specified criminal act(s) involved, the date(s) of conviction, plea, or withhold, and the place(s) of conviction, plea, or withhold. Use extra sheets if necessary.

6. Have you or any of the individuals listed in D1, D2 or D3, individually or as a partner, officer, director, or principal stockholder, had a previous license or permit under Pinellas County Ordinance Chapter 42 – Article III, or any other ordinance regulating adult uses, denied, suspended, or revoked; or been required by court order to cease operations? Yes___, No___ .

If "Yes", list the individual(s) involved, the name and location of the adult use establishment(s) for which the license or permit was denied, suspended, or revoked, and the date of denial, suspension, or revocation. Use extra sheets if necessary.

E. REQUIRED ATTACHMENTS:

1. A site plan of the proposed or existing establishment drawn to a designated scale or marked to show internal dimensions of all interior areas of the premises to an accuracy of plus or minus six inches. The plan must be oriented to the north or to a designated street or object and shall include, but not be limited to, the following:
 - a. All property lines, rights of way, and the location of buildings, parking areas and spaces, curb cuts, and driveways;
 - b. All windows, doors, entrances, exits, fixed structural features, walls, stages, partitions, projection booths, admission booths, adults booths, concession booths, stands, food service equipment, counters, and similar structures;
 - c. All proposed improvements or enlargements to be made, which shall be indicated and calculated in terms of percentage of increase in floor size; and
 - d. A designation of any portion of the premises in which patrons will not be permitted.
 - e. If a proposed establishment is constructed in a manner varying from the submitted plan, or the facility is remodeled after the license is issued, a supplemental site plan shall be provided once the certificate of occupancy or final inspection is completed.
2. A valid adult use permit signed by the Pinellas County Zoning Administrator or his designee pursuant to Pinellas County Ordinance Chapter 42 – Article III, as amended.

F. AUTHORIZATION AND CERTIFICATION:

"I have read and do understand Pinellas County Ordinances Chapter 42 – Article III, and Chapter 6 – Article I. I authorize the officers, employees, and agents of the Pinellas County Sheriff's Office and the departments/divisions of Pinellas County government, including but not limited to Consumer Protection, Florida Department of Health in Pinellas County, and Zoning, to obtain all information needed to examine and review this application. I authorize these persons to enter and inspect the establishment when it is open to the public, by other arrangement, or as otherwise authorized by law or a court of competent jurisdiction."

"I certify that the foregoing statements are all true and correct; that I have withheld no information that would affect the review or granting of this license; and that I as licensee will own, possess, operate, and exercise control over the proposed or existing adult use establishment, and in the manner described herein."

"I also understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of their official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 837.06, s. 775.082 or s.775.083, Florida Statutes."

Applicant Signature

Title/Position

Applicant Printed Name

Date