

**MONTAGUE TOWNSHIP
APPLICATION FOR SEXUALLY ORIENTED BUSINESS LICENSE**

This application form is for a zoning license to operate a sexually oriented business within Montague Township, pursuant to Article 21 of the Montague Township Zoning Ordinance.

1. Applicant's name(s): _____

2. Applicant's street address: _____

3. Applicant's mailing address: _____

4. Applicant's telephone no.: _____

5. Applicant's EIN: _____

6. Has Applicant been convicted of a specified criminal activity as defined in Section 21.02(19) of the Montague Township Zoning Ordinance? ___ Yes ___ No

If "Yes", attach to this application a separate page stating the date, place and jurisdiction of each such conviction, as well as the identity of the specified criminal activity involved.

7. Has Applicant had a previous license under this ordinance or similar sexually oriented business ordinance from another municipality denied, suspended or revoked? ___ Yes ___ No

If the answer is "Yes", on a separate sheet of paper state the name and location of the sexually oriented business for which the business license was denied, suspended or revoked, as well as the date of the denial, suspension or revocation.

8. Does the Applicant hold any other license under this ordinance or any other similar sexually oriented business ordinance from another municipality? ___ Yes ___ No

If "Yes", state the names and locations of such other licensed businesses.

9. State the expected business start-up date: _____

10. If the Applicant is a corporation, limited liability company, or other entity other than an individual, answer the following questions:

a. Name of principal officer/resident agent: _____

b. Address of principal officer/resident agent: _____

c. Social Security No. of principal officer: _____

d. Has the principal officer, or any individual owning 10% or greater interest than the Applicant, ever been convicted of a specified criminal activity as defined in Section 21.02(19) of the Montague Township Zoning Ordinance? ___ Yes ___ No

If "Yes", attach to this application a separate page stating the date, place and jurisdiction of each such conviction, as well as the identity of the specified criminal activity involved.

e. Has the principal officer, or any individual owning 10% or greater interest than the Applicant, had a previous license under this ordinance or similar sexually oriented business ordinance from another municipality denied, suspended or revoked?

___ Yes ___ No

If the answer is "Yes", on a separate sheet of paper state the name and location of the sexually oriented business for which the business license was denied, suspended or revoked, as well as the date of the denial, suspension or revocation.

f. Has the principal officer, or any individual owning 10% or greater interest than the Applicant, ever been a partner in a partnership or an officer, director or principal stock holder of a corporation or other legal entity that has had a business license denied, suspended or revoked, from this or any other municipality? ___ Yes ___ No

If "Yes" state the name and location of the sexually oriented business for which license was denied, suspended or revoked, as well as the date of denial, suspension or revocation.

11. Attach to this application a recent photograph and driver's license number of the applicant or applicants, and if the applicant or applicants are not individual persons, then attach a recent photograph and driver's license number of the principal officer of the applicant.

12. State the single classification of business license, as found in Section 21.03 of the Township's Zoning Ordinance, for which this application is being filed. Check one category only; separate applications must be made for each classification for sexually oriented businesses that desire to operate more than one classification at a single location.

___ Adult Arcade; ___ Adult Bookstore or Adult Video stores; ___ Adult Cabaret;
___ Adult Motels; ___ Adult Motion Picture Theatres; ___ Escort Agencies;
___ Nude Model Studios; ___ Sexual Encounter Centers

13. **Checklist:** In addition to information requested above, has the Applicant attached to this application the following information and/or documents?:

a. A sketch or diagram of the premises pursuant to Zoning Ordinance Section 21.04(2)? Yes No

b. Application fee pursuant to Zoning Ordinance Section 21.04(6)(A)? Yes No

c. Certificate of Good Standing (for non-individual applicants) pursuant to Zoning Ordinance Section 21.04(6)(B)? Yes No (For renewals, see (14) below.)

d. Proof of ownership of lot on which the sexually oriented business is to be situated pursuant to Zoning Ordinance Section 21.04(6)(C)? Yes No (For renewals, see (14) below.)

e. Appropriate documents indicating the Applicant's legally enforceable right to utilize the lot upon which the business will be located pursuant to Zoning Ordinance Section 21.04(6)(D)? Yes No (For renewals, see (14) below.)

f. Straight line drawing pursuant to Zoning Ordinance Section 21.04(6)(E) Yes No (For renewals, see (14) below.)

14. Note: The information required pursuant to Zoning Ordinance Section 21.04(6)(B) through (E) are not required if this is a renewal application instead of an original application, but only to the extent that the documents previously furnished to the director with the original application or previous renewals remain correct and current.

Signature of at least one owner:

Date: _____

Applicant*

Date: _____

Owner*

***If the Applicant is not the Owner of the property, then both the Applicant and the Owner must sign this application.**

*** Each individual who desires to own and/or operate a sexually oriented business must sign this application. If the Applicant is other than an individual, then each individual who has a 10% or greater interest in the entity seeking to own and/or operate a sexually oriented business shall sign this application. Add additional signature pages as necessary. (See Ordinance Section 21.04(4).)**

Action by Township Zoning Administrator
(Note: This application must be accompanied by a Site Plan Application)

This application is: _____ Approved _____ Denied

If denied, the reasons for denial are: _____

Dated: _____

Signature