

**APPLICATION FOR SEXUALLY ORIENTATED BUSINESS
(SOB) LICENSE
CITY OF CUDAHY**

1. New _____ Renewal of License # _____
License year July 1, _____ to June 30, _____ Fees _____

2. APPLICANT: _____ Individual _____ Partnership _____ Corporation

Name(s) _____

Address _____
(mail) _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Phone: _____

Maiden/Former Names: _____

Date of Incorporation _____ State Incorporated _____

Name and address of register agent _____ (Attach list if applicable) _____

Names and addresses of officers, directors and those holding a
controlling interest _____ (Attach list if applicable) _____

Names and addresses of all partners whether general or limited _____
(Attach list if applicable) _____

3. Doing Business As _____

Location of Business _____

Business Phone # _____ Fax _____

Business Hours _____

4. Classification of license applied for: _____

(1) adult arcades

(2) adult bookstore, adult novelty store, or adult video store

(3) adult cabaret

(4) adult motel

(5) adult motion picture theater

(6) adult live theater

(7) escort agencies, or service

(8) nude model studio

(9) sexual encounter center

5. A sketch or diagram of the premises is attached showing compliance with Code 17.32

Dated _____

State of Wisconsin
County of Milwaukee

_____ being first duly sworn on oath deposes and says that he/she is the applicant/authorized agent named in the foregoing application and the answers to the above questions are true and correct:

Name and signature of applicant or authorized agent

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, Milwaukee County, WI
My Commission expires _____

Common Council consideration _____ Action _____
License issued by Clerks Office: _____ License No. _____
(date)