

**CITY OF GRAND FORKS  
APPLICATION FOR SEXUALLY ORIENTED BUSINESS – EMPLOYEE LICENSE**

255 N. 4<sup>th</sup> St. Grand Forks, ND \* (701) 746-2620

New Applicant Fee \$50	Renewal Applicant \$25	License #
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**Part I. Business Information**

Business where applicant will be employed:

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Part II. Applicant Information**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have in the last five (5) years used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

\_\_\_\_\_

1. Is the applicant over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ Birth date: \_\_\_\_\_

Written proof of age to be attached:

Current driver's license or government issued photo identification which includes birthdate \_\_\_\_\_ OR \_\_\_\_\_

Copy of Birth Certificate **and** government issued photo identification which does not include birthdate \_\_\_\_\_ State of Issue: \_\_\_\_\_

Number: \_\_\_\_\_

2. Have you ever been convicted of or pled guilty or nolo contendere to a specified criminal activity as defined in Grand Forks City Code 21-3002? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach information on the date of such conviction, the crime for which convicted, the amount and terms of sentence passed and the court in which convicted.

3. Have you had an influential interest in a sexually oriented business that, in the past five (5) years (and while you had such influential interest), has been declared by a court of law to be a Nuisance or has been subject to a court order requiring closure or padlocking of the business? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach information on the name of business, city, county and state where such business is/was located, court and date of court's order.

\_\_\_\_\_

By signing this application, you represent that the information contained herein is true, complete and accurate. This application must be notarized. You must file this application in person at the Office of the City Clerk. You are responsible to supplement the information provided on this form within ten (10) working days of a change of circumstances which would render the information originally submitted false or incomplete, and you must make such supplementation in writing by certified mail, return receipt requested, to the City Clerk.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State of North Dakota**

**County of Grand Forks**

The forgoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by

\_\_\_\_\_.

\_\_\_\_\_

**Notary Public**