



City License No.: _____

Entered: _____

Approved/Denied By: _____

Approval/Denial Date: _____

Zoning Approval/Denial: _____

SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE APPLICATION

Application Fee: \$100.00

Receipt No.: _____

Applicant's Full Name: _____ Date of Birth: _____

Stage Names or Aliases used by the Applicant: _____

Applicant's Address: _____

Street

City

State

Zip

Telephone Number: _____ Alternate Telephone Number: _____

Social Security No.: _____ Sex: _____ Height: _____ Weight: _____

Color of Hair: _____ Color of Eyes: _____ Driver's License No.: _____

Business Name: _____ Telephone No.: _____

Business Address: _____

The following information must be provided with this application form:

- 1- Acceptable written proof that the individual is at least eighteen (18) years of age.
- 2- A color photograph of the applicant clearly showing the applicant's face.
- 3- A statement detailing the license or permit history of the applicant for the five (5) years immediately preceding the date of the filing of the application, including whether such applicant previously operating or seeking to operate, in this or any other county, city, state or country has ever had a license, permit, or authorization to do business denied, revoked, or suspended, or had any professional or vocational license or permit denied, revoked or suspended. In the event of any such denial, revocation, or suspension, state the date, the name of the issuing or denying jurisdiction, and describe in full the reasons for the denial, revocation, or suspension. A copy of any order or denial, revocation, or suspension shall be attached to the application.
- 4- A statement regarding whether the applicant has been convicted of a "specified criminal act", meaning any sexual crimes against children, sexual abuse, rape or crimes connected with another Sexually Oriented Business including but not limited to distribution of obscenity or material harmful to minors, prostitution, pandering, or tax violations. This information shall include the date, place, nature of each conviction or plea of nolo contendere and identifying the convicting jurisdiction.

By applying for a permit under the Sexually Oriented Business Ordinance, the applicant shall be deemed to have consented to the provisions of this Ordinance and to the exercise by the City Director of Community Development Services or his/her designee, the Idaho Falls Police Division and all other City agencies charged with enforcing the laws, ordinances and codes applicable in the City of Idaho Falls of their respective responsibilities under this Ordinance.

I hereby authorize the City of Idaho Falls, its Agents and Employees, to seek information and conduct an investigation into the truth of the statements set forth in this application.

I hereby authorize any investigator, special agent, or other duly appointed representative of the authorized Federal agency conducting my background investigation to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State, or Local Criminal Justice Agency. I understand my fingerprint form may be provided to other Federal, State, or Local Agencies in conjunction with the application process, and I consent to such disclosure.

THIS RECORD IS SUBJECT TO THE FOLLOWING USE AND DISSEMINATION RESTRICTIONS:

Under provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, both governmental and non-governmental entities authorized to submit fingerprints and receive FBI Identification Records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency, or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI Identification Record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears on the FBI's CJIS Division Records System, the applicant should be advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.

PRIVACY ACT STATEMENT:

The Privacy Act of 1974, 5 U.S.C. § 552a, Public Law No. 93-579, (Dec. 31, 1974) establishes a Code of Fair Information Practice that governs the collection, maintenance, use, and dissemination of personally identifiable information about individuals that is maintained in systems of records by federal agencies. A system of records is a group of records under the control of an agency from which information is retrieved by the name of the individual or by some identifier assigned to the individual. The Privacy Act requires that agencies give the public notice of their systems of records by publication in the Federal Register. The Privacy Act prohibits the disclosure of information from a system of records absent the written consent of the subject individual, unless the disclosure is pursuant to one of twelve statutory exceptions. The Act also provides individuals with a means by which to seek access to and amendment of their records, and sets forth various agency record-keeping requirements.

STATEMENT OF OATH

I swear and affirm, under penalty of perjury pursuant to Title 18, Chapter 54, Idaho Code, that the statements contained in the above application for a Sexually Oriented Business - Employee License are true and correct to the best of my knowledge.

Signature of Applicant

Date

STATE OF IDAHO)
 : ss.
County of Bonneville)

On this _____ day of _____, in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

Notary Public for the State of Idaho

(SEAL)

Residing at _____, Idaho

My Commission Expires: _____