



CLASS I SEXUALLY ORIENTED BUSINESS PERMIT APPLICATION

OFFICE USE ONLY

DATE RECEIVED: _____ S.O.B. PERMIT: APPROVED S.O.B. PERMIT #: _____
 DENIED
TIME RECEIVED: _____ REVOKED
 SUSPENDED
RECEIVED BY: _____

PERMIT FEES

NEW & RENEWAL: \$5,000

All completed applications must be accompanied with the non-refundable payment in the form of a money order or cashier's check made payable to "Harris County Treasurer". All applicants and designated agents must submit his/her valid driver's license and/or state identification card along with his/her valid social security card.

For more information, please refer to the online regulations for "Sexually-Oriented Businesses" in the unincorporated area of Harris County, Texas: www.harriscountysob.org/Permits/permits_SOB.aspx.

NOTICE OF DENIAL WARNING

By submitting this application and ANY fees accompanied with it, I confirm that I have read and fully understand the Harris County Regulations denial guidelines for Sexually Oriented Business Permits. I understand that ANY fees submitted with this application WILL NOT be refunded if my permit is denied.

Printed Name: _____ Signature: _____

APPLICANT INFORMATION

APPLICANT'S

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

DESIGNATED AGENT'S

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ALIAS NAMES

(DBA USED BY APPLICANT): _____

INDIVIDUAL APPLICANT'S INFORMATION

DATE OF BIRTH: _____/_____/_____ PLACE OF BIRTH: _____

SOCIAL SECURITY#: _____-_____-_____

DRIVER'S LICENSE#: _____ STATE: _____

IDENTIFICATION#: _____ STATE: _____

HEIGHT: _____ ft. _____ in. WEIGHT: _____ NATURAL HAIR COLOR: _____

ADDRESS WHERE APPLICANT CAN BE CONTACTED

CURRENT RESIDENTIAL ADDRESS: _____

Street

Apartment #

City

State

Zip Code

HOME PHONE#: _____ BUSINESS PHONE#: _____ CELL PHONE #: _____

CURRENT MAILING ADDRESS: _____

Street

Apartment #

City

State

Zip Code

APPLICANT'S RESIDENTIAL ADDRESSES WITHIN THE LAST THREE (3) YEARS

ADDRESS: _____

Street (including apartment/suite#)

City

State

Zip Code

ADDRESS: _____

Street (including apartment/suite#)

City

State

Zip Code

ADDRESS: _____

Street (including apartment/suite#)

City

State

Zip Code

APPLICANT'S EMPLOYMENT HISTORY FOR THE LAST THREE (3) YEARS

EMPLOYER: _____ **DATE STARTED:** _____ **DATE ENDED:** _____

ADDRESS: _____
Street City State Zip Code

EMPLOYER: _____ **DATE STARTED:** _____ **DATE ENDED:** _____

ADDRESS: _____
Street City State Zip Code

EMPLOYER: _____ **DATE STARTED:** _____ **DATE ENDED:** _____

ADDRESS: _____
Street City State Zip Code

APPLICANT'S CRIMINAL HISTORY

List all criminal charges/convictions, including the date and place of each. Include any charges to which the applicant entered a plea of "nolo contendere" or for which the applicant received deferred adjudication. Do not include Class C misdemeanor "traffic violations". If no criminal convictions, indicate with N/A.

ADDRESS OF THE ENTERPRISE

ADDRESS: _____
Street City State Zip Code

GIVE A GENERAL DESCRIPTION OF THE ENTERPRISE AND SERVICES OR PRODUCTS OFFERED

APPLICANT'S BUSINESS LICENSE/PERMIT HISTORY

- List the applicant's business history or permit history including those which have expired or are currently in effect.
- List any licenses or permits that were denied, revoked, or suspended. (Please include the reasons for that action below):

LIST THE ENTERPRISE OPERATOR(S) INFORMATION-(Residential)

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

LIST THE OWNER(S) OF THE REAL PROPERTY AT WHICH THE BUSINESS IS TO BE LOCATED-(Residential)

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

GIVE A GENERAL DESCRIPTION OF THE MANAGEMENT STRUCTURE FOR THE ENTERPRISE

ESTIMATE THE NUMBER OF EMPLOYEES AND PROVIDE A DESCRIPTION OF THE CAPACITIES IN WHICH THEY WILL BE EMPLOYED

AUTHORIZATION

I, _____, (print name) hereby submit this application with having personal knowledge of the information contained in the application and that the information contained therein is true and correct. I declare under the penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I authorize the Sheriff to seek information to confirm any statements set forth in the application. I have read and understand "The Regulations for Sexually-Oriented Businesses in the Unincorporated Area of Harris County, Texas" and agree to abide by these regulations.

Applicant Signature

Date

IF THE APPLICANT IS A FOREIGN CORPORATION, ATTACH:

- The certificate of authority to transact business in Texas, with all amendments
- The name and residential addresses of current officers and directors
- The name and addresses of each stockholder holding more than 5% of the stock of the corporation

IF THE APPLICANT IS A GENERAL OR LIMITED PARTNERSHIP:

- Provide the name and residential addresses of each of the partners, including limited partners
- A limited partnership formed under the laws of Texas must include a copy of the certificate of limited partnership filed at the Office of the Secretary of State and amendments
- If one or more of the partners is a corporation, attach the information required of the corporate applicants to the application

IF THE APPLICANT IS A JOINT VENTURE OR OTHER SIMILAR ENTITY, PROVIDE:

- The names and residential addresses of the participants and their valid driver's license numbers or Texas Department of Public Safety identification card numbers if the participants are individuals
- If any participant is a corporation or partnership, the applicable information required above must be provided

AS TO EACH PERSON REQUIRED TO BE IDENTIFIED IN THIS SECTION:

- Identify any ownership interest that person has in any other enterprise in Harris County, Texas
- Describe any management, supervisory, or oversight responsibility that person will have in the enterprise
- Provide a valid driver's license number or Texas Department of Public Safety identification card number
- Provide a sketch or diagram showing the configuration of the premises, drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches
- Provide a copy of any lease or rental agreement of the real property of which the business is to be located

PLEASE INCLUDE THE FOLLOWING CERTIFICATES AND PERMITS WITH YOUR APPLICATION:

- Harris County Public Health Certificate
- T.A.B.C. Mixed Beverage Late Hours Permit
- Harris County Alcoholic Beverage License/Permit
- Texas Sales and Use Tax Permit
- Harris County Alarm System Permit
- Harris County Fire Marshal's Maximum Occupancy Certificate
- Harris County Fire Marshal's Office Certificate of Inspection

