ADULT ENTERTAINMENT LICENSE APPLICATION FOR MANAGER, SERVER OR ENTERTAINER

CITY *of* CAPE GIRARDEAU

COMMUNITY DEVELOPMENT DEPARTMENT, 44 N. LORIMIER, CAPE GIRARDEAU, MO 63701 (573) 339-6327

All questions (6 pages) on this application must be answered completely before the application will be considered. Answers must be typed or legibly printed. Where necessary, respond on a separate document. A background check must accompany this application. Visit www.machs.mshp.dps.mo.gov to obtain your background check.

Applicant Name		**Date of Birth**	**Place of Birth**
Applicant's Address		Social Security Number	Email
City, State, Zip		Phone	
Height	Weight	Hair Color	Eye Color
Occupation	Manager ☐ Server ☐ Entertainer ☐		
Adult Business for whom Applicant intends to work:		Business Address	

Please bring photo identification with proof of age when applying and picking up a license card. Applicants must be 18 years of age when the application is submitted.

I, the undersigned, hereby apply to the City Council of the City of Cape Girardeau, State of Missouri, for an adult entertainment license. I understand and agree that if I fail to supply all the information requested on the application of if any information given is untrue this application may be denied. I also understand that this application may be denied if the adult business for which I intend to work does not have or is ineligible to receive an adult business license from the City of Cape Girardeau.

_____ _____

Applicant's Signature Date

This application has been reviewed for accuracy. The license is hereby authorized to be issued.

_____ _____

City Manager's Signature Date

FOR MANAGER, SERVER OR ENTERTAINER

STATE OF MISSOURI)
) SS.
COUNTY OF CAPE GIRARDEAU)

_____, of lawful age being first duly sworn upon oaths, depose and say that (he, she) have read this application and the instructions with reference thereto and that (he, she) fully understand the same; that (he, she) know the contents and the statements contained therein and that the same are true. Applicant has personal knowledge of the information contained the application and has read the provisions of Article XV of Chapter 15 of the Code of Ordinances of the City of Cape Girardeau, Missouri.

_____

SIGNATURE

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

_____

_____

NOTARY PUBLIC

My Commission Expires:

_____