

APPLICANT REFERENCES

Name	Address	Phone number

BUSINESS INFORMATION

Business name (including any fictitious names): _____

Check one: Sole Proprietorship Partnership Corporation
 Other legal entity (i.e. LLC) Specify type: _____

If a partnership, corporation, or other legal entity, list the names and addresses of all officers, directors, partners, or principals of the entity and the managers of the business:

Business address: _____ Business phone number: _____

Zoning classification: _____ Type of Adult Business: _____

Is adult entertainment going to be provided? Yes No

Provide a description of the business activity to be conducted and, if adult entertainment is to be provided, a detailed description of such entertainment.

Percentage of stock-in-trade that is adult merchandise as defined in Henrico County Code Section 15-181: _____ %

AUTHORIZATION

By signing this permit application, I certify that the information contained in this application is true and correct. I further understand that by signing this application, I authorize agents of Henrico County to fully investigate whether the information provided is complete, true, and correct.

Applicant's signature

Date

Attach current photograph
Attach completed fingerprint card
Attach criminal records check

POLICE USE ONLY

Investigative follow-up:	Yes	No
Is the <input type="checkbox"/> \$200.00 application fee or <input type="checkbox"/> \$100.00 renewal fee attached?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant's photograph attached?	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant's fingerprint card attached?	<input type="checkbox"/>	<input type="checkbox"/>
Is the copy of the applicant's County Business License attached (if required to be licensed)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the authorization to conduct a background signed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the background attached?	<input type="checkbox"/>	<input type="checkbox"/>
Is other necessary documentation attached?	<input type="checkbox"/>	<input type="checkbox"/>

Permits officer: _____ Date: _____
 Approved Not approved Chief of Police: _____ Date: _____