



**DORAVILLE, GEORGIA**

**APPLICATION FOR LICENSE TO OPERATE  
A SEXUALLY ORIENTED BUSINESS**

Applicant's full legal name: \_\_\_\_\_

State whether you are (check one):

\_\_\_\_\_ an individual (**complete Sections A and D**)

\_\_\_\_\_ a partnership (**complete Sections B and D**)

\_\_\_\_\_ a corporation or limited liability company (**complete Sections C and D**)

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**A.** 1) State your full legal name: \_\_\_\_\_

2) State any other names/aliases used in the last five years: \_\_\_\_\_

\_\_\_\_\_

3) Current business/ mailing address: \_\_\_\_\_

\_\_\_\_\_

4) Are you over 18 years of age?

Yes  No

Attach written proof of age (current driver's license, OR picture identification document containing your date of birth issued by a governmental agency, OR a copy of your birth certificate accompanied by a picture identification document issued by a governmental agency).

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**B.** 1) State full name of partnership: \_\_\_\_\_

2) Identify all persons with an influential interest (see Code § 6-401),  
including all names/aliases used by them in the last five years:

\_\_\_\_\_

\_\_\_\_\_

3) Business/ mailing address(es) of persons identified in B.2 above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For each person listed in B.2 above, attach written proof of age (current driver's license, OR picture identification document containing date of birth issued by a governmental agency, OR a copy of birth certificate accompanied by a picture identification document issued by a governmental agency).

[If additional space is needed, check here \_\_\_ and respond further on a separate sheet.]

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C. 1) State full name of corporation or LLC: \_\_\_\_\_

\_\_\_\_\_

2) Business address: \_\_\_\_\_

\_\_\_\_\_

3) Identify all persons with an influential interest (see Code § 6-401), including all names/aliases used by them in the last five years:

\_\_\_\_\_

\_\_\_\_\_

4) Business/mailling address(es) of persons identified in C.3 above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For each person identified in C.3 above, attach written proof of age (current driver's license, OR picture identification document containing date of birth issued by a governmental agency, OR a copy of birth certificate accompanied by a picture identification document issued by a governmental agency).

[If additional space is needed, check here \_\_\_ and respond further on a separate sheet.]

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- D. 1. State the name of the sexually oriented business: \_\_\_\_\_
- \_\_\_\_\_
2. State the name and business address of the statutory agent or other agent authorized to receive service of process:
- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- \_\_\_\_\_
3. Has any person identified in response to section A, B, or C been convicted of or pled guilty or nolo contendere to a specified criminal activity? [See Code § 6-401 for definition of "specified criminal activity".]
- Yes                      No

If yes, then for each such conviction, guilty plea, or plea of nolo contendere, state:

- a) The person and the offense: \_\_\_\_\_
- b) Court in which charged: \_\_\_\_\_

c) The date of conviction or plea: \_\_\_\_\_

d) The place of conviction or plea: \_\_\_\_\_

e) Date of release from confinement: \_\_\_\_\_

[If additional space is needed, check here \_\_\_\_ and respond further on a separate sheet.]

4. Has any person identified in response to section A, B, or C had an influential interest in a sexually oriented business that, in the past five years (and while he/she 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? [See Code § 6-402(c)(7)].

Yes                      No

If yes, please provide the following:

a) Person and name of business: \_\_\_\_\_

\_\_\_\_\_

b) City, county, and state where such business is/was located: \_\_\_\_\_

\_\_\_\_\_

c) Court and date of court's order: \_\_\_\_\_

\_\_\_\_\_

[If additional space is needed, check here \_\_\_\_ and respond further on a separate sheet.]

5. Location of sexually oriented business:

Street address: \_\_\_\_\_

\_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Legal description of property: \_\_\_\_\_

\_\_\_\_\_

**You must attach a sketch or diagram showing the configuration of the premises, including a statement of total floor area occupied by the business and a statement of total floor area visible or accessible to patrons for any reason, excluding restrooms. The sketch for businesses offering activities covered by Code §§ 6-412 and 6-416 must contain the information required in those sections (configuration of booths, location of stage, location of operator's station(s), etc.). The sketch need not be professionally prepared but must be drawn to scale and be accurate to plus or minus 6 inches.**

6. Circle whether the \$350 annual fee for a sexually oriented business license is attached.  
[See Code § 6-404 and City of Doraville Fee Schedule]

(Please make checks payable to City of Doraville.)

Yes

No

7. Certification

By signing the following, I/we agree and certify:

A. To supplement the information contained in this application within ten (10) working days of any change of circumstances that renders the information false or incomplete [in writing, by certified mail, return receipt requested, to the City Clerk].

B. That the information contained herein is true, complete, and correct.

This application must be signed by each individual identified in response to sections A, B, and C, and each of those signatures must be notarized. This application must be filed in person by at least one of the individuals identified in section A, B, or C at the office of the City Clerk.

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

Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

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

Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

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

Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

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

Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

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

Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

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

Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_

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

Notary: \_\_\_\_\_ Commission Expires: \_\_\_\_\_



**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Doraville, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Doraville Business License or Occupation Tax Certificate, Alcohol

License, Taxi Permit or other public benefit [circle one] for:

\_\_\_\_\_ [Name of natural person applying on behalf of individual, business, Corporation, partnership or other private entity]

1) I am a United States citizen

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
_____ <b>Printed Name</b>	

SUSCRIBED AND SWORN

BEFORE ME ON THIS THE \* \_\_\_\_\_

\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
**Notary Public**

**My commission expires:**

\*Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

\_\_\_\_\_  
**Alien Registration number for non-citizens**  
**Please bring Alien Card with the application.**

**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from \_\_\_\_\_ [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [ printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

**3. Fill out this section on or after July 1, 2013.**

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees. If the employer selected 3(a) please fill out Section 4 below.

**4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_\_ in \_\_\_\_\_ (City) \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_.

NOTARY PUBLIC

My commission Expires: \_\_\_\_\_