

**DORAVILLE, GEORGIA**

**APPLICATION FOR SEXUALLY ORIENTED BUSINESS  
EMPLOYEE LICENSE**

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

2. Any other names/aliases used in last five years: \_\_\_\_\_  
\_\_\_\_\_

3. Current business/mailling address: \_\_\_\_\_  
\_\_\_\_\_

4. Is written proof of age (current driver's license, OR picture identification document bearing 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) attached?

Yes                      No

Are you 18 years of age or older?

Yes                      No

5. Have you 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 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.]

6. Have you had an influential interest in a sexually oriented business that, in the past five years (and while you 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) 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.]

7. Circle which fee/amount is attached: [See Code § 6-404]  
(Please make checks payable to City of Doraville.)

\$50 initial fee for sexually oriented business employee license

\$25 annual renewal fee for sexually oriented business employee license

8. Are you seeking licensure to work in a licensed sexually oriented business?

Yes No

If yes, please identify the sexually oriented business where you seek to work:

\_\_\_\_\_

By signing this application, you represent that the information contained herein is true, complete, and accurate. This application must be notarized. You must file this application in person at the office of the City Clerk. You are responsible to supplement the information provided on this form within ten (10) working days of a change of circumstances which would render the information originally submitted false or incomplete, and you must make such supplementation in writing by certified mail, return receipt requested, to the City Clerk.

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\_\_.

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

\_\_\_\_\_  
**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.**