

**City of Clarksville, Arkansas**  
**Application**  
**Sexually Oriented Business Employee License**

Application received on date indicated: \_\_\_\_\_

Application was:

- (a) Hand delivered
- (b) Delivered by Cert. Mail

Application logged in by: \_\_\_\_\_

- (a) New Application
- (b) Renewal Application

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Section 10 of the City of Clarksville, Arkansas's Sexually Oriented Business Ordinance, Ordinance No. 06-534, states that the Clarksville Chief of Police shall revoke a license if he determines that a "licensee gave false or misleading information in the material submitted" during the application process.

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Applications for an employee license to work and/or perform services in a sexually oriented business, whether original or renewal, must be made to the Chief of Police by the person to whom the employee license shall be issued. Each application for an employee license shall be accompanied by payment of the application fee in full. Application forms shall be supplied by the Chief of Police. Applications must be submitted to the office of the Chief of Police's designee during regular working hours.

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**SECTION A**

Applicant's Name \_\_\_\_\_

Applicant's "stage" names or aliases \_\_\_\_\_

Applicant's Age \_\_\_\_\_ Date and Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Present Address of Applicant \_\_\_\_\_

Present Telephone # \_\_\_\_\_

Present Business Address and Phone # \_\_\_\_\_

Applicant's Date, issuing state, and number of photo driver's license, or other state issued identification card information \_\_\_\_\_

Applicant's Social Security # \_\_\_\_\_

**SECTION B** (a statement must be attached regarding items 2 and 3 below)

1) A color photograph, issued by a governmental agency, clearly showing the applicant's face must accompany this application. Is this attached? \_\_\_\_\_

2) A statement detailing the license history of the applicant for the five (5) years immediately preceding the date of the filing of the application, including whether such applicant, in this or any other city, county, state, or country, has ever had any license, permit, or authorization to do business denied, revoked, or suspended. In the event of any such denial, revocation, or suspension, state the name(s) under which the license was sought and/or issued, the name(s) of the issuing or denying jurisdiction, and describe in full the reason(s) for the denial, revocation, or suspension. A copy of any order of denial revocation, or suspension shall be attached to the application. Is this attached? \_\_\_\_\_

3) A statement indicating whether or not the applicant has been convicted of or has pled guilty or nolo contendere to a "specified criminal activity" as defined in Ordinance No. 06-534, and if so, the "specified criminal activity" involved, the date, place and jurisdiction of each must accompany this application. Is this attached? \_\_\_\_\_

**SECTION C**

Your signature on this application will be taken as an admission that you have read and understand this application and Ordinance No. 06-534 of the City of Clarksville, Arkansas.

Within twenty (20) days, you will either be issued a license for a sexually oriented business employee by the Clarksville Chief of Police or written notice by certified mail of the denial of issuance of a license.

(Signature): \_\_\_\_\_

State of Arkansas

County of Johnson

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_ who being by me duly sworn,  
deposes and says that he/she has carefully read the foregoing application and that all the  
facts and statements made are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

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

\_\_\_\_\_  
print name

My Commission Expires: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Investigated by Officer \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Chief of Police Approval \_\_\_\_\_

Building Approved \_\_\_\_\_ Building Denied \_\_\_\_\_

License Fee Paid (\$75.00) \_\_\_\_\_

License Issued \_\_\_\_\_

Applicant: \_\_\_\_\_

**License History: (section B paragraph 2)**

Have you had a business/employee license or permit in the past five years?  yes  no

If yes please list the city, county, state, or country in which this license/permit was held.

\_\_\_\_\_

Was license/permit denied, revoked, or suspended?  yes  no

If yes, please state the name under which the license was sought/and or issued, the name of the issuing or denying jurisdiction, and describe in full the reason(s) for the denial, revocation, or suspension.

\_\_\_\_\_

**Statement of Criminal History: (section B paragraph 3)**

I have never been convicted of or pled guilty or nolo contendere to a specified criminal activity as described in Ordinance No. 06-534.

\_\_\_\_\_  
Applicant's Signature

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