

VILLAGE OF GODFREY
SEXUALLY ORIENTED
BUSINESS LICENSE
APPLICATION



1. Applicant's Full Name: _____

State whether the business is operated by:

one or more natural persons (complete Sections A and C)

a corporation or partnership (complete Sections B and C)

A. 1) Business name: _____

2) Current business address:

3) Current business phone number:

4) Identify person(s) with an influential interest in the business, along with each person's date of birth:

5) Business addresses and business phone numbers of person(s) identified in 4):

6) Attach written proof of age, in the form of either (a) a copy of a driver's license, or (b) a copy of birth certificate accompanied by a picture identification document issued by a governmental agency, for each person listed in 4) above.

B. 1) State full name of partnership, corporation or similar legal entity:

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2) Business address: _____

3) Legal description of property: _____

4) Identify person(s) with an influential interest in the business, along with each person's date of birth:

5) Business addresses and phone numbers of person(s) identified in 3):

6) Attach written proof of age, in the form of either (a) a copy of a driver's license, or (b) a copy of birth certificate accompanied by a picture identification document issued by a governmental agency, for each person listed in 4) above.

C. Please state the name and business address of the statutory agent or other agent authorized to receive service of process for the business:

Name: _____

Address: _____

2. You must attach a sketch or diagram showing the configuration and total floor space of the premises. The sketch need not be professional but must be drawn to scale and accurate to plus or minus 6 inches. Is diagram attached?

Yes

No

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3. Is appropriate license fee attached (Please Article VI of Chapter 22 of the Godfrey Code of Ordinances for fee schedule)?

Yes No

4. Certification

By signing the following, I/we agree and certify that the information contained herein is true, complete and accurate. This application must be signed by each individual required to be disclosed in the above sections, other than the statutory agent identified in subsection 1.C.

I/we understand that the failure to fully, completely, and timely provide the information and documentation required by this application may result in the delay and/or denial of this application.

Signed: _____

Signed: _____

Date: _____

Date: _____

Signed: _____

Signed: _____

Date: _____

Date: _____

Signed: _____

Signed: _____