

CITY OF POCATELLO

APPLICATION FOR LICENSE – SEXUALLY ORIENTED BUSINESS

INSTRUCTION SHEET

APPLICANT:

1. Complete the enclosed information for your sexually oriented business and any employees. Complete the business information in the top boxes on the fire and planning forms.
2. Be sure to complete the affidavit on page 6 and have the form notarized. You must show picture ID and sign in presence of the notary.
3. For a license renewal please mail the completed application form and fee to the Pocatello Police Department, PO Box 2877, Pocatello ID 83206, at least thirty days before the license expires.
4. **If this is a NEW facility**, the owner and any employees will need to come to the Pocatello Police department to pay. You will be given a receipt, be fingerprinted and photographed for the background check.
5. The application for a **NEW** sexually oriented business license shall be accompanied by a sketch or diagram showing the configuration of the premises, including a statement of total floor space occupied by the business. The sketch or diagram need not be professionally prepared but shall be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six inches.



**SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION**



\*\*\*\*\* USING BLUE OR BLACK INK, COMPLETE EACH SECTION. \*\*\*\*\*  
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

OWNER \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle Name (Maiden & Former Names)

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ City State Zip Phone & Cell Phone

YOUR EMAIL ADDRESS: \_\_\_\_\_

NAME/ADDRESS/PHONE # OF BUSINESS: \_\_\_\_\_

LIST WHERE YOU HAVE LIVED FOR THE **PAST TEN YEARS**, ONE LINE PER CITY, BEGIN WITH YOUR CURRENT CITY: (not needed for renewals)

YEARS (example 2002-2012)	CITY	STATE	ZIP CODE

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

CITY AND STATE OF YOUR BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_

HAVE YOU BEEN LICENSED TO DRIVE IN ANOTHER STATE? \_\_\_\_\_ STATE(S) \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR ADMITTED TO ANY VIOLATION OF CRIMINAL LAW OR HAD A WITHHELD JUDGEMENT FOR ANY CRIME COMMITTED: \_\_\_\_\_

IF YES, PROVIDE DATE, VIOLATIONS, AND LOCATION OF OFFENSE BELOW. USE A SEPARATE SHEET, IF NECESSARY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED***

***I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5.60, AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.***

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION \*\*\***

**\*\*\*\*\* CITY USE ONLY BELOW\*\*\*\*\***

RECORDS CHECK COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Local: Yes No Attached      ISTARs: Yes No Attached

IHOT: Yes No      NCIC: Yes No      D.L. Valid: Yes No

*New applicants only:* Return from BCI-Fingerprints: \_\_\_\_\_

RECOMMENDATION TO MAYOR /COUNCIL: \_\_\_\_\_ APPROVE      \_\_\_\_\_ DISAPPROVE

SIGNATURE OF POLICE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSE # BL (Business): \_\_\_\_\_ LICENSE # PL (Business): \_\_\_\_\_

LICENSE # BL (Individual): \_\_\_\_\_ LICENSE # PL (Individual): \_\_\_\_\_

**POCATELLO POLICE DEPARTMENT**

*Community Commitment*

Roger J. Schei, Chief of Police

911 North 7<sup>th</sup> Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • 208-234-6113 • Fax 208-234-6290  
[www.pocatello.gov/police](http://www.pocatello.gov/police)

---

**AUTHORITY TO RELEASE INFORMATION**

**TO WHOM IT MAY CONCERN:**

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_  
*(Include maiden name and former names if applicable.)*

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

*CITY OF POCATELLO*  
SEXUALLY ORIENTED BUSINESS - APPLICATION FOR LICENSE

\_\_\_\_\_, whose name is undersigned hereby applies for license to operate and conduct a sexually oriented business to be known as \_\_\_\_\_ and located at \_\_\_\_\_ in the City of Pocatello, phone number \_\_\_\_\_.

The undersigned hereby represents that s/he is the operator of the sexually oriented business mentioned in the application and for which a license is requested; that s/he accepts all of the terms, regulations, and conditions prescribed by Ordinance No. 2660 of the Pocatello Municipal Code, and any other special conditions of license as prescribed by the Council, under which said sexually oriented business is to be operated.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

REVIEW FORM

	APPROVAL	DISAPPROVAL
POLICE DEPARTMENT	_____	_____
PLANNING AND DEVELOPMENT SERVICES	_____	_____
FIRE DEPARTMENT	_____	_____

LIST OF OWNER(S) AND EMPLOYEES RECEIVED? \_\_\_\_\_

BUSINESS FALLS WITHIN THE DEFINITION OF THE ORDINANCE AND COMPLIANCE WITH ZONING AND CODE REQUIREMENTS VERIFIED? YES\_\_NO\_\_

OTHER CONDITIONS OF LICENSE PRECRIBED BY COUNCIL \_\_\_\_\_

SKETCH/DRAWING RECEIVED AND APPROVED? YES\_\_ NO\_\_

LICENSE #BL\_\_\_\_\_

\_\_\_\_\_  
LICENSING APPROVAL AND DATE









**AFFIDAVIT**

COMES NOW, \_\_\_\_\_ and hereby deposes and swears as follows:

- 1. I am \_\_\_\_\_.
- 2. I am the owner/operator of \_\_\_\_\_ a sexually oriented business.
- 3. I hereby certify that I am maintaining compliance with the City Code, and the premises will be available for inspection.
- 4. I hereby acknowledge that I understand any false statements in this affidavit and/or my application, and/or failure to comply with any of the licensing requirements could be grounds for license denial and/or license revocation.

\_\_\_\_\_  
OWNER/OPERATOR  
(Must sign in presence of notary.)

State of Idaho        )  
                                  ) §  
County of Bannock    )

Subscribed and sworn (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC FOR IDAHO  
Residing in:  
My commission expires: