



CLASS I SEXUALLY ORIENTED BUSINESS PERMIT APPLICATION

OFFICE USE ONLY

DATE RECEIVED: _____ S.O.B. PERMIT: APPROVED S.O.B. PERMIT #: _____
TIME RECEIVED: _____ DENIED
 REVOKED
 SUSPENDED
RECEIVED BY: _____

PERMIT FEES NEW & RENEWAL: \$5,000

All completed applications must be accompanied with the non-refundable payment in the form of a money order or cashier's check made payable to "Val Verde County Treasurer". All applicants and designated agents must submit his/her valid driver's license and/or state identification card along with his/her valid social security card.

For more information, please refer to the online regulations for "Sexually-Oriented Businesses" in the unincorporated area of Val Verde County, Texas: <http://valverdecounty.texas.gov/334/Permits>

NOTICE OF DENIAL WARNING

*See Attached Appendix A for details.
(Pages 11-12)*

Complete all blanks on form. Place "N/A" in the field(s) if they do not apply. Please print legibly.

Providing false information on this document is a violation of Texas Penal Code Sec. 37.10-Tampering with Governmental Record.

APPLICANT INFORMATION

APPLICANT'S

FULL LEGAL FULL NAME _____
Last Name First Name Middle Name Maiden Name

DESIGNATED AGENT'S

FULL LEGAL FULL NAME _____
Last Name First Name Middle Name Maiden Name

ALIAS NAMES

(DBA USED BY APPLICANT): _____

INDIVIDUAL APPLICANT'S INFORMATION

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____

SOCIAL SECURITY #: ____-____-____ EYE COLOR: _____

DRIVER'S LICENSE #: _____ STATE: _____

IDENTIFICATION #: _____ STATE: _____

HEIGHT: ____ ft ____ in. WEIGHT: _____ NATURAL HAIR COLOR: _____

ADDRESS WHERE APPLICANT CAN BE CONTACTED

CURRENT

RESIDENTIAL ADDRESS: _____
Street Apartment#

City State Zip Code

HOME PHONE# _____ BUSINESS PHONE# _____ CELL PHONE# _____

CURRENT

MAILING ADDRESS: _____
Street Apartment#

City State Zip Code

APPLICANT'S RESIDENTIAL ADDRESSES WITHIN THE LAST THREE (03) YEARS

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

ADDRESS: _____
Street (including apartment/suite#) City State Zip Code

APPLICANT'S EMPLOYMENT HISTORY FOR THE LAST THREE (03) YEARS

EMPLOYER: _____ DATE STARTED: _____ DATE ENDED: _____

ADDRESS: _____
Street City State Zip Code

EMPLOYER: _____ DATE STARTED: _____ DATE ENDED: _____

ADDRESS: _____
Street City State Zip Code

EMPLOYER: _____ DATE STARTED: _____ DATE ENDED: _____

ADDRESS: _____
Street City State Zip Code

APPLICANT'S CRIMINAL HISTORY

List all criminal charges/convictions, including the date and place of each. Include any charges to which the applicant entered a plea of "nolo contendere" or for which the applicant received deferred adjudication. Do not include Class "C" misdemeanor "traffic violations". If no criminal convictions, indicate with N/A.

ADDRESS OF THE ENTERPRISE

ADDRESS: _____
Street City State Zip Code

GIVE A GENERAL DESCRIPTION OF THE ENTERPRISE AND SERVICES OR PRODUCTS OFFERED

APPLICANT'S BUSINESS LICENSE/PERMIT HISTORY

- List the applicant's business history or permit history including those which have expired or are currently in effect

- List any licenses or permits that were denied, revoked, or suspended. (Please include the reasons for that action below):

LIST THE ENTERPRISE OPERATOR(S) INFORMATION-(Residential)

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite #) Qty State Zip Code

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite #) Qty State Zip Code

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite #) Qty State Zip Code

LIST THE OWNER(S) OF THE REAL PROPERTY AT WHICH THE BUSINESS IS TO BE LOCATED-(Residential)

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite #) Qty State Zip Code

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite #) Qty State Zip Code

FULL LEGAL NAME: _____
Last Name First Name Middle Name Maiden Name

ADDRESS: _____
Street (including apartment/suite #) Qty State Zip Code

GIVE A GENERAL DESCRIPTION OF THE MANAGEMENT STRUCTURE FOR THE ENTERPRISE

ESTIMATE THE NUMBER OF EMPLOYEES AND PROVIDE A DESCRIPTION OF THE CAPACITIES IN WHICH THEY WILL BE EMPLOYED

AUTHORIZATION

I, _____, (print name) hereby submit this application with having personal knowledge of the information contained in the application and that the information contained therein is true and correct. I declare under the penalty of perjury under the laws of the United States of America that the foregoing is true and correct. I authorize the Val Verde County Sheriff to seek information to confirm any statements set forth in the application. I have read and understand "The Regulations for Sexually-Oriented Businesses in the Unincorporated Area of Val Verde County, Texas" and agree to abide by these regulations.

Applicant Signature

Date

IF THE APPLICANT IS A FOREIGN CORPORATION, ATTACH:

- The certificate of authority to transact business in Texas, with all amendments
- The name and residential address of current officers and directors
- The name and address of each stockholder holding more than 5% of the stock of the corporation

IF THE APPLICANT IS A GENERAL OR LIMITED PARTNERSHIP:

- Provide the name and residential addresses of each of the partners, including limited partners
- A limited partnership formed under the laws of Texas must include a copy of the certificate of limited partnership filed at the Office of the Secretary of State and amendments
- If one or more of the partners is a corporation, attach the information required of the corporate applicants to the application

IF THE APPLICANT IS A JOINT VENTURE OR OTHER SIMILAR ENTITY, PROVIDE:

- The names and residential addresses of the participants and their valid driver's license numbers or Texas Department of Public Safety identification card numbers if the participants are individuals
- If any participant is a corporation or partnership, the applicable information required above must be provided

AS TO EACH PERSON REQUIRED TO BE IDENTIFIED IN THIS SECTION:

- Identify any ownership interest that person has in any other enterprise in Val Verde County, Texas
- Describe any management, supervisory, or oversight responsibility that person will have in the enterprise
- Provide a valid driver's license number or Texas Department of Public Safety identification card number
- Provide a sketch or diagram showing the configuration of the premises, drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches
- Provide a copy of any lease or rental agreement of the real property of which the business is to be located

PLEASE INCLUDE THE FOLLOWING CERTIFICATES AND PERMITS WITH YOUR APPLICATION:

- Val Verde County Public Health Certificate
- T.A.B.C. Mixed Beverage Late Hours Permit
- Val Verde County Alcoholic Beverage License/Permit
- Texas Sales and Use Tax Permit
- Val Verde County Alarm System Permit
- Val Verde County Fire Marshal's Maximum Occupancy Certificate
- Val Verde County Fire Marshal's Office Certificate of Inspection

APPLICANTS PHOTO



Appendix A

ORIENTED BUSINESS PERMITS (S.O.B.P.)

According to the regulations for *Sexually Oriented Businesses* in the unincorporated area of Val Verde County, Texas, the S.O.B. permit **SHALL BE DENIED** upon the finding by the VVSO of any of the following facts:

- I. If the recipient or applicant has a conviction, criminal attempt, conspiracy, or solicitation to commit any of the following offenses; and any other offenses committed in another state that, if committed in this state, would have been punishable as one or more of the following offenses (described by law in the Texas Penal Code).

- | | |
|---|---|
| <ul style="list-style-type: none">• Prostitution• Promotion of Prostitution• Aggravated Promotion of Prostitution• Compelling Prostitution• Obscenity, Sale, Distribution, or Display of Harmful Material to a Minor• Sexual Performance by a Child• Solicitation of a Child• Indecency with a Child/Incest• Harboring a Runaway Child• Possession of Child Pornography• Indecent Exposure• Sexual Assault• Aggravated Sexual Assault• Gambling• Gambling Promotion• Keeping a Gambling Place• Communicating Gambling | <ul style="list-style-type: none">• Information• Possession of Gambling Equipment• Possession of Gambling Paraphernalia• Forgery• Credit Card Abuse• Commercial Bribery• Money Laundering• Public Lewdness• Any Violation of the Texas Controlled Substances Act. Chap. 481, Subchapter D of the Health and Safety Code |
|---|---|

II. Any conviction from an offense listed above AND the conviction was:

- A MISDEMEANOR offense and less than 2 years have elapsed since the final disposition of the conviction (confinement, probation, deferred adjudication, etc.)
- A FELONY offense and less than 5 years have elapsed since the final disposition of the conviction (confinement, probation, deferred adjudication, etc.)
- Within 5 years of the final disposition of any of the above offenses, applicant is convicted of **TWO OR MORE MISDEMEANOR OFFENSES within a 24-month period**

III. The applicant has knowingly made a misleading statement of a material fact by omitting or falsifying information in the application for the Sexually Oriented Business Permit.

IV. The applicant is delinquent in payment to the county of taxes, fees, fines or penalties assessed or imposed regarding the operation of a sexually oriented business.

The Sheriff shall defer determination whether to issue a S.O.B.P. until final disposition of any charge of any of the crimes listed in subsection XII(e)(1)(iv) that is pending or arises during the investigation period. No temporary S.O.B.P. shall be issued before there is a final determination of the criminal charge.

(Providing false information on this document is a violation of the Texas Penal Code, Section 37.10 - Tampering with Governmental Record.)

I, _____, (print name) hereby submit this application with

having personal knowledge of the information contained within the application. I declare under the penalty of perjury under the laws of the United States of America that all information provided in any submitted documents/applications is true and correct. I also declare that I have read and understand *"The Regulations for Sexually Oriented Businesses in the Unincorporated Area of Val Verde County, Texas"* and agree to abide by these regulations. In the event that my application is denied, I also understand that all payments submitted with my application are non-refundable.

Signature: _____ Date: _____