



Town of Washington
Vilas County, Wisconsin

Adult Entertainment Business Permit Application

The applicant applies for this permit in accordance with the Town of Washington Code of Ordinances Chapter 15.06.

Date of Application:
Business Address:
County Parcel # 26-
Parcel Owner:

1. If the applicant is:

- **An Individual** - The individual shall state his/her legal name and any aliases and submit proof that he/she is 18 years of age or older. (provide information on additional page)
- **A Corporation** - The corporation shall state its complete name, the date and state of its corporation, evidence that the corporation is in good standing under the laws of its state of incorporation, the names and capacity of all officers, directors, and controlling shareholders, and the name of the registered corporate agent and the address of the registered agent for service of process. (provide information on additional page)
- **A Partnership, joint venture, limited liability entity, or other type of business organization where two (2) or more persons have a financial interest** - The entity shall state its complete name, the type of entity, and the names of persons having a financial interest in the entity. (provide information on additional page)

2. If the applicant intends to operate the adult entertainment business under a name other than that of the applicant - The applicant must state the fictitious name of the adult entertainment business and submit the required registration documents (provide information on additional page)

3. Classification of permit for which applicant is filing _____
(See section 15.04 of the Adult Entertainment Business Ordinance)

4. Attach - 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 it must be drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus/minus six (6) inches.

- 5. Attach** - A current certificate and straight-line drawing prepared within 30 days prior to application by a registered land surveyor depicting the property lines and structures containing any existing adult entertainment businesses or uses specified in 15.15(B) of the Adult Entertainment Business Ordinance within 1,000 feet of the premises to be certified, as well as the boundary of any zoning district identified in section 15.15(A) of the Town of Washington Adult Entertainment Business Ordinance within 500 feet of the premises to be certified.
- 6. Contact Information** - Provide contact information for an individual who can be reached 24/7 should the need arise. Include name, address, phone number, and cell phone number. (Provide information on additional page)
- 7. Background check** - Do you consent to the required background check including business endeavors and personal matters? Yes No
- 8. Applicant certifies** - Familiarity with all provisions of the Town of Washington Code of Ordinances Chapter 15 Adult Entertainment Business Ordinance.

Printed Name

Signature

Address

City

State

ZIP

Phone

Cell Phone

Email

FOR TOWN OF WASHINGTON USE ONLY

Are any additional Town permits required for this business? _____

Date

Permit #

Signature of Town official

Position