



CLASS II SEXUALLY ORIENTED BUSINESS PERMIT APPLICATION

OFFICE USE ONLY (DO NOT WRITE IN THIS SECTION)

PERMIT NUMBER: _____ RENEWAL: MONTHS: _____ FEE \$ _____
DATE ISSUED: _____ DATE DENIED: _____
DATE EXPIRES: _____ DATE ELIGIBLE: _____

PERMIT FEES

NEW/INITIAL: \$300 RENEWAL: Prorated @ \$25 per month REPLACEMENT/UPDATE: \$25

The applicant must submit a completed application along with his/her VALID Driver's License or State Identification Card, Social Security Card, and non-refundable permit fee. The fee shall be paid in the form of a money order or cashier's check, made payable to "Harris County Treasurer".

For more information, please refer to the online regulations for "Sexually-Oriented Businesses" in the unincorporated area of Harris County, Texas: www.harriscountysob.org/Permits/permits_SOB.aspx.

- | | |
|--|--|
| <input type="checkbox"/> No Changes | <input type="checkbox"/> Replacement - Lost Permit |
| <input type="checkbox"/> New Permit | <input type="checkbox"/> Replacement - Damaged Permit |
| <input type="checkbox"/> Renewal of Permit | <input type="checkbox"/> Replacement - Stolen Permit |
| <input type="checkbox"/> Update Permit - True Name | <input type="checkbox"/> Police Report For Stolen Permit |
| <input type="checkbox"/> Update Permit - Stage Name | Agency: _____ |
| <input type="checkbox"/> Update Permit - Title/Position | Report # _____ |
| <input type="checkbox"/> Update Permit - Establishment | |
| <input type="checkbox"/> Update Permit - Contact Information | |

Money Order or Cashier's Check Number: # _____

Please print the name of the applicant: _____

NOTICE OF DENIAL WARNING

By submitting this application and ANY fees accompanied with it, I confirm that I have read and fully understand the Harris County Regulations denial guidelines for Sexually Oriented Business Permits. I understand that ANY fees submitted with this application WILL NOT be refunded if my permit is denied.

Printed Name: _____ Signature: _____



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.

STAGE NAME: _____

NAME OF ESTABLISHMENT: _____

POSITION (choose one): Bar Back Bartender Bus Boy Disc Jockey Door Attendant Entertainer Host/Hostess Manager Security Owner Waitress Other: _____

Do you have a T.A.B.C. Permit? YES NO Permit #: _____

Do you have a "City of Houston" S.O.B. Permit? YES NO Permit #: _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY CRIME?

This includes any arrests as a juvenile or adult, whether inside or outside Harris County and/or the State of Texas, regardless of the disposition of the case.

- No
 Yes

If you answered "YES", please indicate the following information using the space provided below:

- Any and all criminal charges/convictions and the date and place thereof
Any charge for which applicant entered a plea of nolo contendere or for which applicant received deferred adjudication
Do NOT include Class C misdemeanor traffic violations

If you answered "NO", please print "N/A" in the space provided below

Four horizontal lines for providing information.



APPLICANT INFORMATION

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

ALIAS NAME(S): _____

DATE OF BIRTH: ____/____/____ **PLACE OF BIRTH:** _____
Month Day Year City State Country

SOCIAL SECURITY #: ____ - ____ - ____

DRIVER'S LICENSE #: _____ **STATE:** _____

IDENTIFICATION CARD #: _____ **STATE:** _____

HEIGHT: ____ ft. ____ in. **WEIGHT:** ____ lbs. **EYE COLOR:** _____

NATURAL HAIR COLOR: _____

Specify number and location of each (if applicable). If not applicable, print "N/A" on the line:

SCARS: _____

MARKS: _____

TATTOOS: _____

PIERCINGS: _____

CONTACT INFORMATION

HOME PHONE: ____ - ____ - ____ **MOBILE PHONE:** ____ - ____ - ____

VALID E-MAIL ADDRESS: _____



RESIDENTIAL/MAILING ADDRESS

CURRENT RESIDENTIAL ADDRESS:

Address: _____
Street Apartment# City State Zip Code

RESIDENCES WITHIN THE LAST 3 YEARS:

Address: _____
Street Apartment# City State Zip Code

Address: _____
Street Apartment# City State Zip Code

Address: _____
Street Apartment# City State Zip Code

CURRENT MAILING ADDRESS (If different from residential address above)

Address: _____
Street or P.O. Box Apartment# City State Zip Code

CURRENT OR PREVIOUS EMPLOYMENT

Employer's Name: _____

Employer's Address: _____
Street City State Country

Employer's Phone Number: _____ - _____ - _____ Position: _____

Date Started: _____ Date Ended: _____ Reason for Ending: _____

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 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 Harris County, Texas" and agree to abide by these regulations.

Applicant Signature

Date