

TOWN OF FARMINGTON
Application for Sexually Oriented Employee Permit

Enclose a \$25.00 non-refundable application and investigation fee with the submission of this application.

(Please type or print)

Application Date: _____ Application Number: _____
(Office use)

Applicant's name, including "stage" names or aliases:

Applicant's age, date and place of birth:

Applicant's Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Applicant's Present Residential Address: _____

Applicant's Business Address: _____

Applicant's Home Telephone: _____ Business Telephone: _____

Date, issuing State and number of driver's permit or license: _____

Social Security Number: _____

Attach proof that the applicant is eighteen (18) years of age or older.

Attach a current color photograph clearly showing the applicant's face.

Attach fingerprints on a form provided by the Farmington Police Department.

(Note: Any fees for photographs and fingerprints shall be paid by the applicant).

Attach a statement detailing the license history of the applicant for the five (5) years immediately preceding the date of the filing of this application. Include whether such applicant previously operated or is seeking to operate, in this or any other county, town, city, State, or country, has ever had a license, permit, or authorization to do business denied, revoked, or suspended, or had any professional or vocational license or permit denied, revoked or suspended. In the event of any such denial, revocation, or suspension, state the name, the name of the issuing or denying jurisdiction, and describe in full the reason for the denial, revocation, or suspension. A copy of any denial, revocation, or suspension shall be attached to the application.

Attach a statement whether the applicant has been convicted of a specified criminal activity as defined in this Ordinance. If so, describe the specified criminal activity involved, the date, place, and jurisdiction of each.

Applicant's Signature

Date