



TOWN OF FARMINGTON, MAINE SEXUALLY ORIENTED BUSINESS APPLICATION

To be filled in by Code/Planning Staff:

Date Received: _____ Application # _____ SOB _____
Map # _____ Lot # _____ Zone: _____ Zoning TOU: _____

APPLICANT INFORMATION

Legal Name and/or any Aliases of Applicant: _____

Mailing Address: _____

Telephone: _____ **Cell Phone:** _____

Business Phone: _____ **Email:** _____

Name of Property Owner (if different from above): _____

Mailing Address: _____

Telephone: _____ **Email:** _____

Name of Business (Attach business name registration documents): _____

Name of Authorized Agent (if applicable): _____

Address: _____

Telephone: _____ **Email:** _____

If applicable, attach statement designating agent(s).

If applicable, attach an option to purchase the property or other documentation demonstrating right, title, or interest in the property on the part of the applicant.

If applicable, name of partnership, including names of all partners, whether the partnership is general or limited, and attach a copy of the partnership agreement: _____

If applicable, name of corporation and date of its incorporation; evidence that the corporation is in good standing under the laws of its State of incorporation; name and capacity of all officers, directors and principal stockholders; and the name of the registered corporate agent and the address of the registered office for service of process: _____

Has the applicant or any person residing with the applicant been convicted of a specified criminal activity as defined in the Town of Farmington Sexually Oriented Business Ordinance (11-12.7)?

Yes ☐ No ☐

If so, state the specified criminal activity involved, the date, place and jurisdiction of each:

Has the applicant or any person residing with the applicant/s had a previous permit under this Ordinance or other similar sexually oriented business ordinances for which their permit was denied, suspended, or revoked? Yes ☐ No ☐

If so, state the date and reason for the denial, suspension or revocation.

Has the applicant/s or a person residing with the applicant/s been a partner in a partnership or an officer, director, or principal stockholder of a corporation that is permitted under the Town of Farmington Sexually Oriented Business Ordinance whose permit has previously been denied, suspended, or revoked? Yes ☐ No ☐

If so, state the date and reason for the denial, suspension or revocation. Include the name and location of the sexually oriented business for which the permit was denied, suspended, or revoked as well as the date of denial, suspension, or revocation.

Does the applicant/s or a person residing with the applicant/s hold any other permits under this Ordinance or other similar sexually oriented business ordinance from another town, city, or country?

Yes ☐ No ☐

If so, state the names and location of such other permitted businesses.

Check the classification of the sexually oriented business:

- ☐ Adult arcade
- ☐ Adult bookstores, adult novelty stores, or adult video stores
- ☐ Adult cabaret
- ☐ Adult motel
- ☐ Adult motion picture theater
- ☐ Adult theater
- ☐ Escort agency
- ☐ Nude model studio
- ☐ Sexual encounter center

Applicant/s Driver's License Number: _____

Applicant/s Social Security Number: _____

State or federally issued Tax Identification Number: _____

Include all pertinent information as required in the Sexually Oriented Business Ordinance Performance Standards. (Attach additional sheets as necessary.)

By signing below, the applicant for Sexually Orientated Business acknowledges that they are submitting a complete application.

Signature of Applicant

Date

Signature of Property Owner (if different from applicant)

Date

A. General Requirements

1. Applicants will be responsible for reimbursing the Code/Planning Office for any postage costs and/or newspaper ads prior to approval.
2. All applications for Sexually Orientated Business shall be submitted on application forms provided by the Code/Planning Office. The required fees, fifteen (15) sets of the application form, and fifteen (15) sets of the required plans, maps and supplemental information, along with a thumb drive or emailed PDF, shall be submitted to the Code/Planning Office.
3. Maps, plans or other drawings must be of a scale sufficient to allow for review of the proposal under the performance standards of this Ordinance and other applicable ordinances.