



## TOWN OF FARMINGTON, MAINE SEXUALLY ORIENTED EMPLOYEE APPLICATION

***To be filled in by Code/Planning Staff:***

Date Received: \_\_\_\_\_ Application # \_\_\_\_\_ SOE \_\_\_\_\_  
Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zone: \_\_\_\_\_ Zoning TOU: \_\_\_\_\_

### **APPLICANT INFORMATION**

**Legal Name and/or any Aliases of Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Applicant: age, social security number, and date and place of birth:** \_\_\_\_\_

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**Applicant: Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair color:** \_\_\_\_\_ **Eye color:** \_\_\_\_\_

**Date, issuing State and number of driver's permit or license:** \_\_\_\_\_

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Attach proof that the applicant is eighteen (18) years of age or older, and a current color photograph clearly showing the applicant/s face.

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

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 Town/City, County, 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 applicants has been convicted of a specified criminal activity as defined in the Sexually Oriented Business Ordinance. If so, describe the specified criminal activity involved, the date, place, and jurisdiction of each.

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 Employee acknowledges that they are submitting a complete application

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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### **General Requirements**

1. Application for Sexually Orientated Business shall be submitted on application forms provided by the Code/Planning Office.
2. Applicant will be responsible for the required application fee, fees for photographs and fingerprints, and any supplemental information prior to approval.