APPLICATION FOR AN ADULT USE LICENSE CITY OF OAKBROOK TERRACE

Date:	00
Appli	
	Name:
	(Full name of individual or legal entity in ownership is required)
	If an individual:
	Address:
	Telephone Number:
	Date of Birth:
	If a partnership: Please list, on a separate sheet, the name, address, date of birth and telephone numbers of a general partner.
	If a corporation: Please list, on a separate sheet, the name, address, date of birth and telephone number of the registered agent of the corporation.
Busin	ess to be licensed:
	Name:
	Business Address:
	Zoning classification of premises to be licensed:
	business and the facilities related thereto:
Local	Manager:
	Name:
	Address:
	Date of birth:
	Telephone Number:

Sworn Statement of Applicant:

- 1. I am familiar with the provisions of Chapter 122 of the Code of Ordinances of the City of Oakbrook Terrace, Illinois, establishing licensing requirements for adult uses in the City of Oakbrook Terrace, and the business for which a license is applied and I are in full compliance with such requirements. Neither the business operation nor its employees or agents, including myself, will violate any of the laws of the State of Illinois or of the United States, or any provision of the City=s Code of Ordinances or any other ordinance of the City in the conduct of the business proposed to be licensed.
 - 2. The answers given on this application are true and correct.

3. No manager or principal operating the business for which a license is applied, including myself, has been convicted of any offense of prostitution, soliciting for prostitution, or obscenity or public indecency as defined in Sections 133.01 and 133.02 of this Code within the last two (2) years, and I have not had any license for an adult use in any other community revoked within the last two (2) years.				
		For the applicant:		
		Title:		
		Printed Name:		
Signed and sworn to before me				
0	of, 200			
Notary Public				