

**CITY OF FAIRFAX**  
**ADULT BUSINESS PERMIT APPLICATION**  
**Section 14-386 – City Code**

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL APPLICATION
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*BUSINESS INFORMATION SECTION*

**The Name, Location, Mailing Address and Phone Number of the Adult Business:**  
**(Include all fictitious names or other names doing business as.)**

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**Check one:** \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC \_\_\_

**If other legal entity, specify type**\_\_\_\_\_.

**If a partnership, corporation, LLC or other legal entity list all names and addresses of all officers, directors, partners or principals of the entity and the managers of the business.**

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

**Type of Adult Business:**\_\_\_\_\_

**Is adult entertainment going to be provided?** \_\_\_ YES \_\_\_ No

**Provide a description of the intended adult use, and, if adult entertainment is to be provided, a detailed description of such entertainment.**

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I swear and confirm that all of the information in this business information section is true and correct to the best of my knowledge. I understand that it is unlawful to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit. Printed name of person submitting this Application Business Information Section:

(Printed name):\_\_\_\_\_

(Signature):\_\_\_\_\_

**SIGNATURE OF PERSON SUBMITTING THIS APPLICATION BUSINESS INFORMATION SECTION**

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires\_\_\_\_\_

**CITY OF FAIRFAX**  
**ADULT BUSINESS PERMIT APPLICATION**  
**Section 14-386 – City Code**

***APPLICANT INFORMATION SECTION***

City Code Section 14-385 Applicant means the owners, managers, and any other persons having an ownership interest, financial interest, or managerial responsibility in an adult use. For a corporation, partnership, limited liability company, or other legal entity, “applicant” includes each officer, director, partner, manager or principal of the entity, and the managers of the business.

**Every applicant as defined above is required by City Code Section 14-386 to complete the application form and to provide with the application their Virginia state criminal records check and a local police records check from the jurisdiction in which the applicant resides.**

<b>Applicant’s Full Name:</b> ( <u>each person covered by the definition in City Code Section 14-385 listed above</u> must submit a completed applicant information section form.) <i><u>Print name legibly or type</u></i>				
<b>Last:</b>		<b>First:</b>		<b>Middle:</b>
<b>Mailing Address and Telephone Number:</b>				
<b>Date of Birth</b>	<b>Social Security Number*</b>	<b>Race</b>	<b>Sex</b>	<b>Place of Birth</b>
<b>Height</b>	<b>Weight</b>	<b>Hair Color</b>		<b>Eye Color</b>

\*required by City Code Section 14-386 for the purpose of verifying criminal history information

<b>Names of References</b>	<b>Addresses and Phone Numbers of References</b>

**Have you ever been convicted of a Felony or a Misdemeanor? \_\_\_Yes or \_\_\_No**  
**If so, list below** with the application’s written authorization to investigate whether the information provided by the applicant is true.)

<b>Nature of Offense</b>	<b>Date</b>	<b>Jurisdiction/State</b>	<b>Disposition</b>

**APPLICANT INFORMATION SECTION CONTINUED**

**Do you hold or have held, in the name of the business or any other, any other permits under this ordinance or a similar adult use ordinance from another locality within the past five years?**

Yes     No

**If yes, list below:**

Name of Business	Location of Business
1.	
2.	
3.	

**Have you been denied a permit or had a permit revoked under any statute or ordinance requiring a permit to operate an adult business or adult use?**  Yes     No

**If yes, list below:**

Date of Denial	Location of Denial

I swear and confirm that all of the information in the applicant information section is true and correct to the best of my knowledge. I the applicant give the City of Fairfax Police this written authorization to investigate whether the information that I provided is true.

I understand that it is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit.

Printed name of applicant whose signature is in this notary area: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires \_\_\_\_\_

# FOR OFFICE USE ONLY

FEE \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

ROUTING LIST	COMPLETED	DATE	INITIALS
APPLICATION ISSUED			
APPLICATION RECIEVED			
LICENSED FEE PAID: \$500.00 RENEWAL FEE: \$300.00			
FINGERPRINTS TAKEN			
PHOTOGRAPHS			
RECORD CHECK FOR STATE OF VIRGINIA (PROVIDED BY APPLICANT)			
RECORD CHECK FOR APPLICANT'S RESIDENTIAL JURISDICTION (PROVIDED BY APPLICANT)			
SP167 - VA CRIMINAL HISTORY REQUEST FORM:			
WANTED CHECK			
VA ONLY VCIN RECORD CHECK BY COMPUTER			
ZONING CERTIFICATE OF OCCUPANCY CERTIFICATE CHECKED			
BUSINESS LICENSE BY THE COMMISSIONER OF REVENUE CHECKED			
FINGERPRINTS SENT TO STATE POLICE	DATE SENT      INITIAL	DATE BACK      INITIAL	
LICENSE ISSUED			
LICENSE REVOKED			
APPEAL			