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|---|---------|----------------|----------------|
| Has any officer, director or principal stockholder of the Corporation ever been convicted of a felony crime involving moral turpitude, prostitution, obscenity, or any other crime of a sexual nature. If you answered yes, identify the act involved, the date of conviction, and the place of conviction, (attach separately if you need more space): | | YES | NO |
| D. PARTNERSHIP INFORMATION: | | | |
| NAME OF PARTNERSHIP: | | | |
| PHONE #: | | EMAIL: | |
| ADDRESS: | | | |
| OBJECTS BY WHICH PARTNERSHIP WAS FORMED: (Attach to this application) | | | |
| The legal names of all partners or officers and principal stockholders of the Partnership: (Submit on separate paper and attach to this application and attach a copy of a valid current Driver's License for each): | | | |
| DATE OF INCORPORATION PARTNERSHIP: | | | |
| STATE OF INCORPORATION OF PARTNERSHIP: | | | |
| EVIDENCE THAT PARTNERSHIP IS IN GOOD STANDING: (Attach to this application) | | | |
| TAX IDENTIFICATION NUMBER: | | | |
| Has partnership or any partner had any previous license issue relating to any type of Adult Business or Use. If you answered yes, please identify where, when and the disposition of that license, (attach separately if you need more space): | | YES | NO |
| Has partnership or any partner ever been the subject of an order of protection. If you answered yes, identify the act involved, the date and place of the order, (attach separately if you need more space): | | YES | NO |
| Has the partnership or any partner ever been convicted of a felony crime involving moral turpitude, prostitution, obscenity, or any other crime of a sexual nature. If you answered yes, identify the act involved, the date of conviction, and the place of conviction, (attach separately if you need more space): | | YES | NO |
| E. MANAGER AND/OR AGENT INFORMATION: | | | |
| TRUE AND REAL NAME OF THE MANAGER(S) OR AGENTS(S): | | | |
| ANY OTHER NAME OR ALIAS OR FICTIONAL NAME OF THE MANAGER(S) OR AGENTS(S): | | | |
| PHONE #: | | EMAIL: | |
| CURRENT MAILING ADDRESS: | | | |
| HEIGHT: | WEIGHT: | COLOR OF EYES: | COLOR OF HAIR: |
| Has the Manager(s) or Agents(s) had any previous license issue relating to any type of Adult Business or Use. If you answered yes, please identify where, when and the disposition of that license, (attached separately if you need more space): | | YES | NO |
| Has Manager(s) or Agent(s) ever been the subject of an order of protection. If you answered yes, identify the act involved, the date and place of the order, (attached separately if you need more space): | | YES | NO |
| Has Manager(s) or Agent(s) ever been convicted of a felony crime involving moral turpitude, prostitution, obscenity, or any other crime of a sexual nature. If you answered yes, identify the act involved, the date of conviction, and the place of conviction, (attached separately if you need more space): | | YES | NO |

| F. REQUIRED ATTACHMENTS: (Attach to this application) | NEED/NA | YES/NA |
|---|---------|--------|
| Description of operations and intent of the adult entertainment facility or similar business history of the applicant. | | |
| Provide a site plan and survey drawn to appropriate scale (i.e.: 1/20 or 1/30 or 1/40) of the proposed establishment indicating, but not limited to, all property lines, rights-of-way, the location of buildings, parking areas, parking spaces and driveways and dumpster locations. | | |
| Provide a floorplan drawn to appropriate scale, (i.e. 1/4) of the establishment, proposed or existing, including, but not limited to, all windows, doors, entrances and exits, fixed structural interior features, improvements to be made which shall be indicated or calculated in terms of percentage of increase of floor size. | | |
| Provide the name and telephone number for a contact point for the representatives of the Building and Zoning Department to contact to schedule required inspections. | | |
| Provide written authorization for DuPage County, its agents and employees, to seek information to confirm the statements set forth in the application. | | |
| Attached a copy of a valid current Driver's License. | | |
| G. WEBINAR TRAINING CERTIFICATE: | | |
| Proof of completion of the, "Understanding Human Trafficking" Webinar Training. https://www.dupageco.org/RegisterOnlineAdultBusinessTraining/ | | |

I, _____ do hereby certify that I am the Owner or President of said Corporation or business and have answered the questions to the above and foregoing application and the statements therein set forth in the above application are true in substance and fact.

Signature

I, _____ do hereby certify that I am the Secretary of said Business or Corporation and have answered the questions to the above and foregoing application and the statements therein set forth in the above application are true in substance and fact.

Signature

STATE OF ILLINOIS }
 } SS
COUNTY OF DU PAGE }

Subscribed and sworn to me before this _____ day of _____, 2019.

Notary Public