



CITY OF LAS VEGAS
DEPARTMENT OF PLANNING
BUSINESS LICENSING DIVISION
 333 N. Rancho Dr., 6th Floor
 Las Vegas, NV 89106

Fax (702) 382-6642
 TDD (702) 386-9108
 E-mail us at license@lasvegasnevada.gov

Supplemental Personal Information
 (Adult Nightclub/Erotic Dance Establishments with no Alcohol)

Business Name: _____ License #: _____

Business Type: Erotic Dance Establishment Adult Nightclub

Applicant's Title or Position with **THIS** Business: _____

Percentage of Business Ownership: _____

Applicant's Full Name: _____

Address: _____

Street Number, Street Name, Apartment or Suite Number

 City, State, Zip Code

Telephone Number: _____ Principal Occupation: _____

Area Code/Telephone Number

Have you ever been convicted of or forfeited bail for any crime, excluding minor traffic offenses? YES NO

If **YES**, please list **all** such convictions and/or forfeitures below. Attach additional sheets if necessary.

Charge	Date	Court	Disposition

Have you ever had a business license denied, revoked, or charges filed therefore? YES NO

If **YES**, please list **all** such denials, revocations, and/or charges below. Attach additional sheets if necessary.

Business Name	Date	Jurisdiction	Outcome

 Applicant's Initials

Have you ever owned or operated an escort service, an outcall promoter establishment, a brothel, or an adult nightclub or theater?

YES NO If YES, please list **all** such businesses below. Attach additional sheets if necessary.

Business Name	Date (from/to)	Position or Ownership Interest

Do you own or have ownership interest in any real or personal property utilized or to be utilized by this business or proposed business?

YES NO If YES, please list **all** such property and interest below. Attach additional sheets if necessary.

Property	Percentage Owned

I, _____, being duly sworn, say that (s)he has read the foregoing application and knows the contents thereof, and that the same is true of his own knowledge; that the same contains a full and true account of the information requested; and that (s)he executed the same freely and voluntarily and for the uses and purposes therein mentioned, and with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient evidence for refusal to issue, or revocation of, the license applied for, and, should the license applied for be granted, (s)he agrees to abide by all city, county, state and federal laws, and fully understands that failure to do so may result in revocation proceedings.

Signature of Applicant

Subscribed and sworn to, before me
this _____ day of _____, 20_____.

Notary Public in and for said county and state