



City of Kennesaw Business License

Adult Entertainment Application

1. The application must be completed in its entirety before being accepted by the Business license office. Each question must be answered.
2. Provide one original and one duplicate of the completed application and all attachments.
3. The application and all attachments must be typed or legibly printed in black ink. The Business License Division reserves the right to refuse to accept any applications that are considered illegible by the City of Kennesaw Business License Clerk.
4. Please provide the following for an Adult Entertainment Application:
 - a. Floor plan of the entire location
 - b. Structural plan indicating dining area, tables, kitchen, dance area, pool tables, games, and any other entertainment
 - c. Complete menu
 - d. Pictures of the location
 - e. Health Department Certificate
5. Persons that are not U.S. citizens must provide an original Immigration Card I-551 to the Business License Staff for verification and copying. Naturalized citizens must provide their original certificate of naturalization for verification by Business License Staff. This applies to the licensee, each owner, each partner, and each stockholder with 20% or more ownership, and the spouses of the licensee, each owner, each partner, and each stockholder with 20% of more ownership (Passports will not be accepted). If none of the above exists, please provide original documents that show authorizing to legally be in the United States. Affidavit is provided in the application packet.
6. A signed and notarized consent form must be provided for the licensee, each owner, each partner, each stockholder with 20% or more ownership and the spouses of the licensee, each owner, and each stockholder with 20% or more ownership.
7. There is a \$100 application fee payable to the City of Kennesaw by certified check, cashier check or money order. This application fee must be paid when the application is submitted. **This fee is non-refundable.**



CLASSIFICATION FOR ESTABLISHMENT: (Circle any that apply)

ADULT BOOKSTORE

ADULT VIDEO STORE

ADULT CABARET

ADULT MOTION PICTURE THEATER

SEXUAL DEVICE SHOP

1. Full name of applicant, the operators, owners and any other names used in the last five years:

2. Present address and phone numbers of the applicant, the operators and owners:

3. Previous address of the applicant, the operators and the owners, if any, for a period of the past five years and the dates of residence at each location:

4. Copy of driver's licenses or birth certificate of applicant, the operators, and owners

5. The operator's height, weight, color of eyes, color of hair, and place of birth:

6. Two photographs of the operators (at least two inches) taken within the last six months.

7. Business, occupation or employment history of the applicant, the operators and owners for the five years immediately preceding the date of application:



8. Has the applicant, operators, and owners had an influential interest in the previous five years which resulted in:

a) Been declared by the court of law to be a nuisance? **YES** **NO**

b) Been subject to a court order of closure or padlocking? **YES** **NO**

9. Business license history of the adult entertainment establishment seeking a license and whether such establishment, in previous operations in this or any other location under license, has had such license or permit for an adult entertainment business or similar type of business revoked or suspended, the reason therefore, and the business activity or occupation subsequent to such action of revocation or suspension:

10. If the application is made on behalf of a corporation, the name of the corporation, exactly as shown in its articles of incorporation or charter, together with the state and date of incorporation. If the application is on behalf of a limited partnership, a copy of the certificate of limited partnership filed with the county clerk of superior court shall be provided. If one or more of the partners is a corporation, the provisions of this subsection pertaining to corporations shall apply.

11. The names and addresses of the owner and lessor of the real estate property upon which the adult entertainment establishment is to be operated, engaged in, conducted or carried on and a copy of the lease or rental agreement

12. A complete set of fingerprints of the applicant and the operator. **(FEE IS INCLUDED IN APPLICATION FEE)**

13. The address of the premises where the adult entertainment establishment will be operated, engaged in, conducted, or carried on: _____



14. A plat by a registered engineer or a registered land surveyor, licensed by the state, showing the location of the proposed premises where the adult entertainment establishment will be operated, engaged, in, conducted or carried on in relation to the neighborhood, the surrounding zoning, its proximity to any residential area, church, school, public park or children's day care facility, establishment selling alcoholic beverages or malt beverages or wine or other adult entertainment establishment.

15. Provide certification from the planning and zoning administrator or his designee of approved conditions of zoning pertaining to the property to be licensed, provide land administrative permits, and provide an as-built survey depicting the location of the structure that will operate as the adult entertainment establishment.

16. Each application for adult entertainment establishment license shall be personally verified and acknowledged under oath to be true and correct by:

- The individual, if application is made on behalf of an individual.
- The general partner, if application is made on behalf of a partnership.
- The president of the corporation, if application is made on behalf of a corporation.
- The chief administrative official, if application is made on behalf of any other organization.

Subscribed and sworn to before me

This _____ day of _____, 20____.

(Clerk/Notary Public)

(Signature of Named Individual)

My commission expires: _____



Please check one: NEW RENEWAL

BUSINESS LICENSE CONSENT FORM

I _____, HEREBY AUTHORIZE THE CITY OF KENNESAW POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD AND/OR DRIVER'S HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA FOR THE PURPOSE :

- Alcohol License
- Bail Bond License
- Taxi Cab License
- Massage Therapist License
- Pawn Shop License
- Precious Metal

NAME OF ESTABLISHMENT

LOCATION

FULL NAME (PLEASE PRINT)

ADDRESS

TELEPHONE NUMBER

SEX

RACE

DOB

SOCIAL SECURITY NO.

SIGNATURE OF APPLICANT

NOTARY

COMMISSION DATE

***ALCOHOL LICENSE APPLICANTS: TO BE COMPLETED BY THE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES, AND STOCKHOLDERS WITH 20% OR MORE SHARES AND THEIR SPOUSES.**

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Official Use Only:

GCIC Operator number: _____ Business License Clerk: _____

Approved: _____ Denied: _____ Reviewed by Police Chief /Deputy Chief or Designee: _____



Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date