Adult-Oriented Establishment License

Dodge County Land Resources and Parks Department
127 East Oak Street
Juneau, WI 53039-1329
(920) 386-3700
www.co.dodge.wi.us/landresources

This Area For Office Use Only	
COUNTY ID NO.	Receipt No.
	Application Date
License Issue Date	License Expiration Date

LICENSE APPLICATION FEE: $150 plus cost of background checks (Payable to: Dodge County)
Late Penalty Fee: An additional fee, in the amount of $100, will be assessed against an applicant who files for a renewal less than sixty (60) days before the existing license expires.

APPLICATION TYPE

☐ Initial license for opening a new establishment
☐ Renewal of a license for an existing establishment

Other _____

ADULT ESTABLISHMENT CATEGORY

☐ Bookstore ☐ Mini-Motion Picture Theater
☐ Cabaret ☐ Motion Picture Theater

Other _____

NAMES & MAILING ADDRESSES

Applicant/Agent (Full Legal Name)

Street Address

City • State • Zip Code

Property Owner(s) *[Attach additional sheets if needed]* ☐ **Same as applicant**

Street Address

City • State • Zip Code

PROPERTY INFORMATION

Parcel Identification Number (PIN)

Town | T N | R E

1/4 | 1/4 | Section | Acreage | Lot (Block)

Subdivision or CSM (Volume/Page/Lot)

Name Of Adult Establishment

Address Of Establishment (**DO NOT** Include City/State/Zip Code)

ADDITIONAL APPLICANT & ESTABLISHMENT INFORMATION

I, the applicant, am applying for an adult oriented establishment license: *[Check only one]*

☐ As an **Individual** *(Complete Part A)* ☐ On behalf of a **Partnership** *(Complete Part B)* ☐ On behalf of a **Corporation** *(Complete Part C)*

Part A Full legal name _____

All aliases _____

Mailing address *(Street, City, State, Zip)* _____

Date of birth _____ Daytime contact phone number (_____) _____—_____

Part B Partnership full legal name _____

Date partnership formed _____ Partnership type *(e.g., limited, general)* _____

On a separate sheet, for EACH partner and EACH limited partner, include the following information:

(1) Full legal name, **(2)** All aliases, **(3)** Mailing address, **(4)** Date of birth and **(5)** Daytime contact phone number

Part C Corporation full legal name _____

Date of incorporation _____ State of incorporation _____

Name and address of corporation's registered agent _____

Title/Capacity of person who's applying on behalf of corporation _____

Corporate office phone number (_____) _____—_____

Corporate office address *(Street, City, State, Zip)* _____

On a separate sheet, for EACH shareholder holding more than 10% stock in the applicant corporation AND also for EACH corporate officer and Each director of the applicant corporation, include the following information:

(1) Full legal name, **(2)** All aliases, **(3)** Mailing address, **(4)** Date of birth and **(5)** Daytime contact phone number

CONTINUE TO PAGE 2

ADDITIONAL APPLICANT & ESTABLISHMENT INFORMATION (CONTINUED)

Does the applicant own the property upon which the proposed establishment is to be located? ☐ No ☐ Yes

If "**No**", list the full name(s), mailing address(s) and phone number(s) of the property owner(s). *[Attach additional sheets if needed]*

_____

_____

If "**No**", describe the exact nature of the applicant's interest in the property *(e.g., lessee)*. *[Attach additional sheets if needed]*

_____

_____

Does the applicant or any partner, officer or director of the aforementioned establishment currently operate or has previously operated in this or any other County, City or State under an adult-oriented establishment license or similar business license or permit? ☐ No ☐ Yes

If "**Yes**", list for ALL other adult-oriented establishment(s) operated: The name, address and classification of the other establishment(s), including the type of license(s) and corresponding license numbers(s). *[Attach additional sheets if needed]*

_____

_____

Has the applicant or any partner, officer or director of the aforementioned adult-oriented establishment ever had such a license(s) or permit(s) revoked or suspended? ☐ No ☐ Yes

If "**Yes**", list for EACH revocation or suspension: The date, reason why and name/entity of the business which was subject to the suspension or revocation. *[Attach additional sheets if needed]*

_____

_____

Has the applicant or any partner, officer or director of the aforementioned establishment been convicted within the last five (5) years for any offense(s) involving moral turpitude, prostitution, obscenity or other offense of a sexual nature in any jurisdiction? ☐ No ☐ Yes

If "**Yes**", list for EACH conviction: The name of the person that was convicted, the specified criminal act, the date of conviction and the place *(i.e., State, County, Town or City)* of conviction. *[Attach additional sheets if needed]*

_____

_____

REQUIRED SUPPLEMENTAL INFORMATION & ATTACHMENTS

- ✓ A written narrative of the proposed business operation, including the type of business being proposed, proposed hours of operation, number of employees and any other information pertinent to the business.
- ✓ A site plan, dimensioned or drawn to an appropriate scale, of the proposed establishment including, but not limited to, the following:

  All property lines, road right-of-way(s) and the location of all existing buildings, water wells, sewerage systems, parking areas/spaces, outside lighting, security fencing, screening fences, proposed signs, driveways and other features pertinent to the application.

  A floor plan of the proposed facility showing all windows, doors, exits/entrances, fixed structural features, walls, stages, dance floors/poles, partitions, cubicles, viewing/projection/admission/concession booths, stands, counters and similar structures pertinent to the layout of the proposed establishment. The physical layout of the adult-oriented establishment shall comply with the physical layout standards set forth in Section 4.2.6 of the Dodge County Land Use Code.

  Any future buildings, improvements, enlargements, expansion areas or any other changes being planned.
- ✓ An aerial photo of the property, at an appropriate scale, showing the proposed location of the adult-oriented establishment; including the uses of lands/properties located within 1000 feet of the proposed site's property boundaries. The proposed location of the establishment shall comply with the location requirements set forth in Section 4.2.4 of the Dodge County Land Use Code.
- ✓ Documentation from an appropriately licensed person or firm showing that the structure to be used for the adult-oriented establishment complies with all applicable building, plumbing, electrical, fire and health codes in accordance with Section 4.2.3.B(2)(g).
- ✓ Documentation that any/all person(s) named on this application is/are at least eighteen (18) years of age.
- ✓ Applicable license fees. *(Please contact the Land Resources and Parks Department for the current cost of background checks)*

  New Establishment: $150, plus the cost of background checks.

  License Renewal: $150, plus the cost of background checks.

  Late Penalty Fee: A late penalty, in the amount of $100, will be assessed against an applicant who files for a renewal less than sixty (60) days before the existing license expires.

CONTINUE TO PAGE 3

CONTACT INFORMATION

Contact Person (Print) _____ Daytime Contact Phone (_____) _____—_____

NOTARY — CERTIFICATION — AUTHORIZATION

I, the undersigned, hereby apply for a license for an adult-oriented establishment to be located in Dodge County, Wisconsin and certify that all the information, both above and attached, is true and correct to the best of my knowledge. I affirm that all work performed will be done in accordance with the Dodge County Land Use Code, the County's Overlay District Provisions regulating adult-oriented establishments and all other applicable laws and regulations. I hereby authorize employees of the Dodge County Land Resources and Parks Department permission to enter the above-described property/establishment for the purpose of conducting an onsite code inspection(s) and to obtain any information pertinent to the license application request.

I hereby swear under penalty of perjury that I am authorized by the named applicant to make this application and that the foregoing statements are true and correct. I understand that, in the event that a license has been granted based upon false information, misrepresentation of fact or mistake of fact, the Dodge County Land Use Administrator may suspend or revoke said license in accord with Section 4.2.15(1)(a) of the County Land Use Code.

Applicant Name (Print) _____ Title/Capacity _____

Signature _____ Date _____

Sworn and subscribed by the person named above who took an oath and (1) produced _____

as identification before me or (2) is personally known to me on this _____ day of _____ A.D. 20_____

_____

Notary Signature

Notary Public _____ County, Wisconsin *Seal*

My commission (is) (expires) _____

⇩ AREA BELOW FOR OFFICE USE ONLY ⇩

- Determination of application completeness must be done within ten (10) days of the filing of the application.
- Notification of an application's deficiencies and/or request(s) for additional information shall be sent to the applicant.
- Within thirty (30) days of receiving a complete application, the Land Resources and Parks Department shall make a decision to approve, withhold or deny the license application unless the time is extended by agreement with the applicant.

Application received on _____ Application deemed incomplete _____

Application reviewed on _____ Certified notice of incompleteness sent _____

Application deemed complete _____ Additional information received _____

☐ **ISSUED** _____ Notification of approval sent to applicant _____

☐ **DENIED** _____ Certified notification of denial sent to applicant _____

Government official signature _____ Date _____