



Sexually Oriented Business Employee Application

Ogden City Customer Service Center
2549 Washington Blvd. Suite 240
Ogden, UT 84401
Phone: 801-629-8962

New Renewal BL# _____ Date _____ **Fee: \$87.50**
 Copy of license \$5.00

Sexually Oriented Business Name: _____ Location: _____

Type of sexually oriented business employee (check all applicable) :

- Manager
- Security/Bouncer
- Escort (outcall service)
- Escort runner (outcall service)
- Semi-nude entertainer, dancer/model
- Guard, chauffeur, driver (outcall service)
- Other: _____

Correct Legal Name: Last _____ First _____ Middle _____

Other names or aliases: _____

Residence address: _____ City _____ State _____ Zip _____

Previous addresses for the last 3 years:

Residence phone: _____ Business phone: _____

Business address: _____ City Ogden State UT Zip _____

Personal Information:

Date of birth: _____ City _____ State _____

Height: feet: _____ inches _____ Weight _____ Color of eyes _____ Hair _____

Social Security number: _____ - - _____ Driver license # _____ State _____

Proof of age by: Driver license Birth certificate other _____

Attach:

Copy of document providing written proof of age.

Background checks are required for the following licenses. Beer and Liquor licenses, Solicitors, Taxi Cab Drivers, Sexually-Oriented Business, and Sexually-Oriented Employees. Background checks must be submitted with business license application: The Bureau of Criminal Identification (BCI) is located at:

Bureau of Criminal Identification of the State of Utah
3888 W. 5400 So.
Kearns, UT

Phone: (801) 965-4445
Fax: (801) 965-4749

Previous Business, Occupation, or Employment History: Provide a statement detailing your past employment history for the last three (3) years proceeding the date of the application.

List all criminal convictions or pleas of no contest, except those, which have been expunged, for the five- (5) years prior to this application.

Date: Place: Nature of Offense: Convicting Jurisdiction: Disposition of Conviction:

(If more space is needed to complete the above information, please add an addendum or photocopy application page as needed.)

I certify that I am the applicant name above, that this is my true identity and that the information provided by me is true. I realize false statements will result in legal proceedings against me.

Applicant

Date

Note: Ogden City Business Licenses process applications **Tuesday** through **Thursday** from **10:00 AM** until **3:00 PM**.