

**SALT LAKE CITY CORPORATION  
BUSINESS LICENSE DEPARTMENT  
APPLICATION VERIFICATION**

**TYPE OF LICENSE**

**Beer/Liquor:** \_\_\_\_\_ Class: \_\_\_\_\_

Manager: \_\_\_\_\_ Owner: \_\_\_\_\_ President: \_\_\_\_\_ Partner: \_\_\_\_\_

**Private Club:** \_\_\_\_\_ Class: \_\_\_\_\_

Manager: \_\_\_\_\_ Officer: \_\_\_\_\_ Director: \_\_\_\_\_ Trustee: \_\_\_\_\_

**SOB:** \_\_\_\_\_ Type: \_\_\_\_\_

(SOB: Outcall Business, Outcall Escort, Outcall Non-Performer,  
Semi Nude Business/Agency, Semi-Nude Dancer. )

(TYPE: New, Renewal,  
Transfer)

*for office use only*

CITY ID#: \_\_\_\_\_

DATE: \_\_\_\_\_

Other: \_\_\_\_\_

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

If transferring SOB license, list agency transferred from: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

If you purchased an existing business, list business purchased: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

**APPLICANT INFORMATION**

1. Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. SSN#: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

5. Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

6. Are you a United States Citizen? \_\_\_\_\_ If no, one must attach a copy of residency status.

7. Have you lived at current address for more than three (3) years? \_\_\_\_\_ If no, list previous address(es) for past three years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*for office use only*

8. Have you ever used an alias or been known by another name, such as; previous married names, nickname, or stage name? \_\_\_\_\_ If yes, list all name(s) and reason(s) for use: \_\_\_\_\_

\_\_\_\_\_

9. Have you ever lived in another state? \_\_\_\_\_ If yes, list state(s) and year(s) you lived there: \_\_\_\_\_

\_\_\_\_\_

10. Have you ever worked in a profession where a permit or license was required by a governmental agency? \_\_\_\_\_ If yes, list profession, agency requiring such license, and year license was obtained:

\_\_\_\_\_

11. Have you ever had a license or permit revoked, denied, or suspended? \_\_\_\_\_ If yes, list jurisdiction, date, and reason: \_\_\_\_\_

\_\_\_\_\_

12. List name, address, and phone number of three (3) credit references: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. List name, address, and phone number of three (3) character references that are not relatives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Name, address, and phone number of your employers for the past five (5) years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## STATEMENT

I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT TO FALSIFY THIS APPLICATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY LICENSE(S). I DO KNOW THAT PERJURY IS A CRIME.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

### HELPFUL TIPS FOR APPLICANT

1. Application must be printed in ink and be legible, or it will be considered incomplete and denied.
2. Every blank on application must be filled out, or it will be considered incomplete and denied.
3. If more space is needed, please attach additional sheets of paper with information.
4. Time constraints - The Police Department has thirty (30) days to approve or deny a license once it is fully completed.
5. If this is a SOB renewal or transfer, you will have to bring your old SOB picture ID to the police station before receiving your new license, if ID was lost or stolen you must make a police report for lost ID.
6. For SOB applications, the Police Department requires \$15.00 (cash, check, etc.) for ID card. New SOB applicants, \$15.00 money order made out to Dept. of Public Safety for fingerprints.
7. Remember, perjury (intentionally falsifying information) is a CRIME.
8. Every liquor application must have a complete application verification for the local manager or it will be grounds for denial.

**WAIVER OF CONFIDENTIALITY OF RECORDS**

I, \_\_\_\_\_, having made application with Salt Lake City Corporation for issuance of a(n) business license, hereby waive the benefit of any local, state or federal statute, rule, ordinance, regulation or other law prescribing the confidentiality of any records or documents, whether formal or informal, pending or closed, maintained by any public or private agency or organization as those records or documents pertain to residency, business location, business activities, education and/or training, employment, civil litigation, criminal litigation, law enforcement investigation, or business license denial or revocation of any jurisdiction.

I hereby authorize and request every public or private agency, organization, or person maintaining such records to furnish to the Salt Lake City Police Department and/or the Salt Lake City Licensing Office, or their agents or representatives, any information contained therein and to permit them to inspect and make copies of such records and documents.

I hereby release Salt Lake City Corporation, including but not limited to the Salt Lake City Police Department and the Salt Lake City Licensing Office, their employees, agents and representatives, and any agency, organization, or person furnishing them information from all liability arising out of any investigation concerning the aforementioned business license application. I further agree that a copy of this Waiver shall function as an original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature