



**APPLICATION FOR SEXUALLY ORIENTED  
BUSINESS PERMIT**

**(The application must be typed)  
Article 4-5**

**Office Use Only:**

PERMIT #

INITIAL REQUEST:

SUBMITTAL DATE:

**APPLICANT (OWNER)  
INFORMATION**

**PART I**

**If the Applicant is a corporation, partnership, firm or association:**

- 1. Name of corporation, partnership, firm or association:**

\_\_\_\_\_

- 2. Full name of the corporation, partnership, firm or association and its principal place of business:**

\_\_\_\_\_

\_\_\_\_\_

- 3. If incorporated, the state of incorporation: \_\_\_\_\_**

**DUPLICATE THIS PAGE AS NEEDED**

**PART II**

Complete the following for each individual identified as an applicant:

4. Name (first, middle, last, and maiden name where applicable):

\_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. All other names used or by which you have been known in the last five years:

\_\_\_\_\_

\_\_\_\_\_

7. Address: \_\_\_\_\_

\_\_\_\_\_

8. Two previous residential addresses and dates of each (prior to current address):

A. \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

B. \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

9. Telephone No.: (\_\_\_\_) \_\_\_\_\_

10. Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

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**11. List all Business's, Occupations, and Employment in the previous five (5) years:**

**Business, Occupation, and Employment:** \_\_\_\_\_

**Dates of Business, Occupation, and Employment (from/to):** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (\_\_\_\_)** \_\_\_\_\_

**Position held, or if self-employed, a description of the business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Business, Occupation, and Employment:** \_\_\_\_\_

**Dates of Business, Occupation, and Employment (from/to):** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (\_\_\_\_)** \_\_\_\_\_

**Position held, or if self-employed, a description of the business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_

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**Business, Occupation, and Employment:** \_\_\_\_\_

**Dates of Business, Occupation, and Employment (from/to):** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (\_\_\_\_)** \_\_\_\_\_

**Position held, or if self-employed, a description of the business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Business, Occupation, and Employment:** \_\_\_\_\_

**Dates of Business, Occupation, and Employment (from/to):** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number: (\_\_\_\_)** \_\_\_\_\_

**Position held, or if self-employed, a description of the business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**12. Have you been convicted or investigated of a felony or misdemeanor, excluding traffic offenses?**

No \_\_\_\_\_ Yes \_\_\_\_\_ (If yes, complete the following)

**Conviction/investigation    Place of Conviction/investigation    Date Convicted/investigated**

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## PART III

### BUSINESS INFORMATION

13. Name: \_\_\_\_\_

14. Address: \_\_\_\_\_  
(Name and Street) (City, State, Zip Code)

15. Telephone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

16. A description of the sexually oriented business to be operated by the applicant including a description of any service to be provided or a generic description of product to be sold, rented or utilized which qualifies the business as a sexually oriented business:

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

17. Legal description of land on which business is located (*Must provide legible, completed copies of the recorded record establishing current ownership of the parcel or lease showing the applicant has legal right to occupy and use the premises*):

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

18. Date of which applicant became owner of business for which a permit is sought:

\_\_\_\_\_

19. Date on which business began operating at location for which a permit is sought:

\_\_\_\_\_

## ATTACHMENTS

An application for a sexually oriented business under the Local Government Code Section 243.009 shall include:

- A. The application fee required by Section 4-5-6 (\$1,500.00).
- B. A surety bond, letter of credit, or other approved surety in the amount of five thousand dollars (\$5,000). The bond shall be executed and acknowledged by the license holder as principal and by a corporation licensed to transact fidelity and surety business in the state of Texas as surety. The bond shall be continuous in form and run concurrently with the license period, and shall be in favor of the City of Odessa for the benefit of any person injured by any act of the principal or the principals' agent or employee, and shall be subject to claim by any person injured thereby.
- C. A certified copy of the assumed name certificate filed in compliance with the Assumed Business or Professional Name Act (Texas Revised Civil Statutes Annotated, Business and Commerce Code, Chapter 36) if the applicant is to operate the business under an assumed name.
- D. If the applicant is a Texas corporation, a certified copy of the Articles of Incorporation, together with all amendments thereto.
- E. If applicant is a foreign corporation, a certified copy of the certificate of authority to transact business in this state, together with all amendments thereto.
- F. If applicant is a limited partnership formed under the laws of Texas, a certified copy of the certificate of limited partnership, together with all amendments there, filed in the Office of the Secretary of State under the Texas Limited Partnership Act (Article 6132a, Vernon's Texas Civil Statutes).
- G. If the applicant is a foreign limited partnership, a certified copy of the certificate of limited partnership and the qualification documents, together with all amendments thereto, filed in the Office of the Secretary of State under the Texas Limited Partnership Act (Article 6132a, Vernon's Texas Civil Statutes).
- H. Attachment of written proof that the applicant is at least 21 years of age.

YES \_\_\_\_\_ NO \_\_\_\_\_

Copy of Driver License: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_

Other (please describe): \_\_\_\_\_

I. **Two portrait photographs of applicant** (*minimum two inches by two inches (2" X 2")*), *one front view one side view within thirty (30) days*).

J. **Applicant's complete fingerprints are required by the Odessa Police Department.**

You will be required to go to **Identogo** for fingerprinting after turning in application to the OPD. You will receive an email with information and a code to give to **Identogo** for the fingerprints. The fingerprints will be sent back to OPD and will be put with the application before it goes to the Chief of Police for approval. There is a fee for this. At this time it is \$10.00 to be paid at Identogo.

**Provide current e-mail address**\_\_\_\_\_.



## **AUTHORIZATION FOR INVESTIGATION**

**I/We have read all of the provisions of this Code relations to the operation of a sexually oriented business; that I/we have had the opportunity to review the same with such counsel as I/we have deemed desirable and that I/we understand the same; that I/we have a continuing duty to report any change in the status of information submitted in the application as required in Section 4-5-1, et seq.; and, that I/we intend to operate a sexually oriented business as defined in and regulated by this Code.**

**I hereby authorize the City of Odessa, its agents, and employees to seek information and conduct an investigation in to the truth of the statements set forth in this application. I hereby declare that the information given in this application is true and correct to the best of my knowledge. I further swear or affirm that I am at least twenty-one (21) years of age and that I have read the provisions of the City of Odessa Code of Ordinances and I am in compliance with them to the best of my knowledge.**

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**Applicant (Owner)**

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**Applicant (Owner)**

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**Applicant (Owner)**

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**Applicant (Owner)**

*Must be signed by each individual applicant.*

**ATTACH VERIFICATION PAGE FOR EACH SIGNATURE**

**VERIFICATION**


I, \_\_\_\_\_, the below undersigned, am an owner and applicant named in the foregoing APPLICATION FOR SEXUALLY ORIENTED BUSINESS PERMIT, being over twenty-one years of age, declare that I am competent to make this affidavit. I have completely and thoroughly read said application, including each response to the questions contained therein and each permit application attachment included herewith and verify that all the facts in said application are true and correct to the best of my knowledge and believe that the application attachments are true and correct copies of those documents that they purport to be.

\_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas  
My commission expires: \_\_\_\_\_

**PLEASE PROVIDE A SKETCH OR DIAGRAM SHOWING THE CONFIGURATION OF THE PREMISES, INCLUDING A STATEMENT OF TOTAL FLOOR SPACE. NOTE: THE SKETCH OR DIAGRAM MUST BE DRAWN TO A DESIGNATED SCALE WITH THE DIMENSIONS OF THE INTERIOR PREMISES TO AN ACCURACY OF SIX INCHES.**



**CITY OF ODESSA'S SEXUALLY ORIENTED BUSINESS**



Permit Application

Sexually Oriented Business - Employee

Applicant Information

Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Nickname/Alias: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you 21 years of age or older? YES  NO  Have you ever held a permit issued by the City of Odessa? YES  NO

Have you ever held a Permit issued by the City of Odessa? YES  NO  If yes, when was permit ever revoked or suspended? \_\_\_\_\_

Have you ever been convicted of a disqualifying offense for this permit/license? YES  NO  \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Previous Addresses (List Two Most Recent)

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Address: \_\_\_\_\_

Street Address

Apartment/Unit #

City

State

ZIP Code

### Sexually Oriented Business Information

Stage Name: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*The Odessa Police Department works to ensure compliance with all ordinances in the City of Odessa. The Records Unit is tasked with maintaining accurate permit and licensee information.*

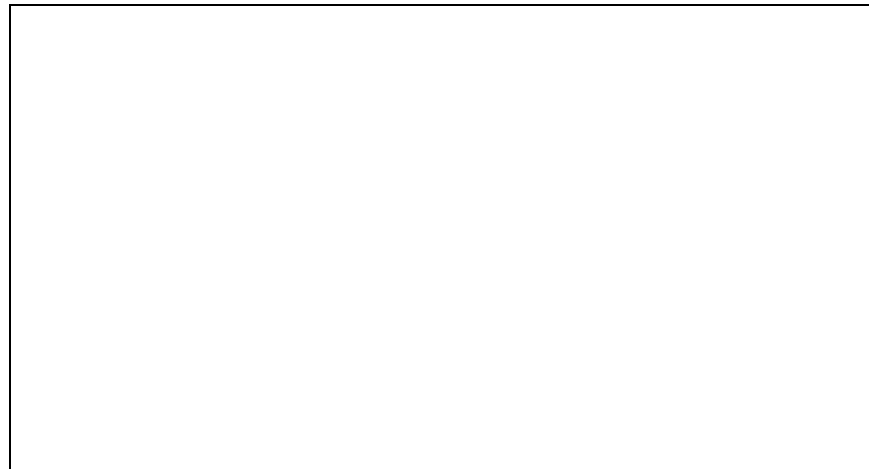
*By signing below, you are acknowledging receipt of the associated ordinance and agree to ensure compliance with the related ordinances of the City of Odessa. Violations of the attached ordinance are a violation of the Ordinances of the City of Odessa and punishable under Local Government Code and are subject to fine and/or imprisonment.*

*All ordinances are also available online at the City of Odessa website under Permits and Ordinances ([City of Odessa - Sexually Oriented Business Ordinance](#)).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Identification

*Insert a copy of a valid state identification or drivers license card. All information must match applicant information provided on page 1.*



Insert a copy of or photo of state identification

Need two photo's 2"x2" one front view and one side view.



Insert copies of Photo's here

You will be required to go to **Identogo** for Fingerprinting after turning in application to the OPD. You will receive an email with information and a code to give to **Identogo** for the fingerprints. The fingerprints will be sent back to OPD and will be put with the application before it goes to the Chief of Police for approval. There is a fee for this. At this time it is \$10.00 to be paid at Identogo.

**Authorization for Investigation**

*I hereby authorize the City of Odessa, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. I hereby declare that the information given in this application is true and correct to the best of my knowledge. I further swear and affirm that I am at least twentyone (21) years of age and that I have read and understand the provisions of the City of Odessa Code of Ordinances concerning sexually oriented businesses.*

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public Certification**

State of Texas  
County of Ector

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_,  
known to me (or proved to me on the oath of or \_\_\_\_\_ to be the person  
whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the  
same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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## **APPROVALS**

\_\_\_\_\_  
**Billing and Collection**

\_\_\_\_\_  
**Fire Marshall**

\_\_\_\_\_  
**Ector Co. Health Department**

\_\_\_\_\_  
**Chief of Police**