

**City of Troy  
City Clerk's Office  
500 West Big Beaver  
Troy, Michigan 48084  
(248) 524-3331**



(Send Application & Remittance to Above Address)

**ADULT BUSINESS USE LICENSE APPLICATION**

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

|   |                |                |
|---|----------------|----------------|
| Applicant's Last<br>(2) Home<br>Addresses | Address        | Address        |
|   | City/State/Zip | City/State/Zip |

Adult Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Alt Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Services to be Provided \_\_\_\_\_

List Applicant's Employment for the Last (3) Years (attach a separate sheet if needed)

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

Applicant's History of Employment/Business with an Adult or Similar Business? \_\_\_\_\_

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

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Does Applicant Currently Operate or Had Previously Operated an Adult Business in This or Any Other State? \_\_\_\_\_

Has Applicant Ever Had a Business License Revoked or Suspended? \_\_\_\_\_

Name/Location, and Reason(s) for the Suspension or Revocation \_\_\_\_\_

Any Prior Criminal Convictions for Any Applicants, Partners or Officers (if Corporation)? \_\_\_\_\_

(If Yes, attach a separate sheet for each individual detailing the dates of conviction(s), nature of the crime(s) and court or tribunal where the matter was adjudicated.)

Name and Address of Any Other Facility Owned or Operated by Any Person Listed on This Application (attach a separate sheet if needed)

Provide a Brief Description of Any Other Business(es) to be Operated on the Same Premises or Adjoining Premises ALSO Owned or Controlled by the Applicant(s)

**I, \_\_\_\_\_, do hereby acknowledge and subscribe to the foregoing instrument and declare all statements to be true. I authorize the City, its agents and employees, to seek information and conduct an investigation to verify the veracity of the information provided, including records checks of all individuals listed on this application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
If Corporation, Applicant's Signature needs to be Attested to by the Secretary

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**REQUIRED ATTACHMENTS:**

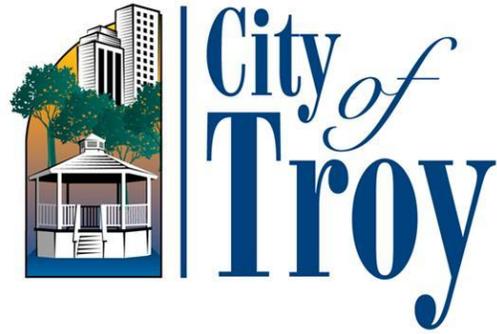
**Is the Applicant one of the following?**

|                                  |   |
|----------------------------------|---|
| <b>Corporation</b>               | If Yes, attach a separate sheet detailing the complete name of the corporation, date of incorporation, evidence that corporation is in good standing or authorized to do business in MI, names and titles of all officers, directors and principal owners, and the name of the registered corporate agent with the address of the registered office for service of process. |
| <b>Partnership</b>               | If Yes, attach a separate sheet detailing the name of each partner and a copy of the partnership agreement.   |
| <b>Limited Liability Company</b> | If Yes, attach a separate sheet detailing the complete name of the company, the date of filing of the articles of organization and operating agreement and the names of all managers and members.   |

**A floor plan of the proposed premises that specifies the location and dimensions of any employee's station(s) and demonstrates that there is an unobstructed view from at least one of the employee's stations of every area of the premises to which any patron is permitted access for any purpose, excluding the restrooms. The proposed floor plan shall designate the use of each room or area in the premises and designate those rooms or other areas of the premises where patrons are not permitted. The proposed floor plan need not be professionally prepared but must be drawn to a designate scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches. The diagram shall designate the place where the license will be conspicuously posted and the location of any proposed stage.**

**A current certified drawing prepared, within thirty (30) days prior to the application, by a land surveyor depicting the property lines and the structures containing any adult use business within one thousand**

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| <b>(1,000) feet measured from the nearest lot line on a straight-line basis, and depicting the property line of any church, school, childcare facility, public park, residential zoning district or any parcel used for residential purposes, whether zoned residential or not, within five hundred (500) feet from the nearest lot line to the nearest lot line on a straight-line basis.</b> |
| <b>Copy of Driver's License or Government-Issued Photo ID for EACH Applicant, Partner and Officer, Director and Principal Owner, Manager and Member.</b>   |
| <b>Proof of applicant's right to possession of the premises where the business is proposed.</b>  |
| <b>Current front-face 2"x2" photograph of EACH Principal Owner, Manager, General Partner, and (if Corporation) President.</b>  |
| <b>Complete set of fingerprints for EACH Principal Owner, Manager, General Partner, and (if Corporation) President. – <i>Fingerprints must be taken at time of application by the Troy Police Department</i></b>   |
| <b>Completed Adult Business Use List of Employees Form with a Copy of the Driver's License or Government-Issued ID for Each Person Listed</b>  |
| <b>Fee Payment (check, cash, money order, debit card are accepted)</b>   |

|  |   |                 |
|--|---|-----------------|
| <b>Fees are pursuant to Chapter 60 of the City of Troy Code of Ordinances:</b> |   |                 |
| <b>Application Fee</b>   |   | <b>\$500.00</b> |
| <b>Investigation Fee</b>   | <b>For first 4 persons named on Employee List</b>     | <b>\$500.00</b> |
|  | <b>Additional fee for persons 5+ on Employee List</b> | <b>\$100.00</b> |

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| Approval of this application is determined by the following departments: |
| <b>Building, Fire, Planning, Police, Treasurer</b>                       |