

OXFORD, MAINE  
APPLICATION FOR LICENSE TO OPERATE  
A SEXUALLY ORIENTED BUSINESS

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Applicant's full legal name: \_\_\_\_\_

State whether you are (check one):

\_\_ An individual **(Complete Sections A and D)**

\_\_ A partnership **(Complete Sections B and D)**

\_\_ A corporation or limited liability company **(Complete Sections C and D)**

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A. 1.) State your full legal name: \_\_\_\_\_

2.) State any other names/aliases used in the last five years: \_\_\_\_\_

3.) Current business/Mailing address: \_\_\_\_\_  
\_\_\_\_\_

4) Are you over 18 years of age?  Yes  No

***Attach written proof of age (current driver's license, OR picture identification document containing your date of birth issued by a governmental agency, OR a copy of your birth certificate accompanied by a picture identification document issued by a governmental agency).***

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B. 1.) State full name of partnership:

2.) Identify all persons with an influential interest (see Code Sec. A-2), including all names/aliases used by them in the last five years:

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

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

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

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

***For each person listed in B.s above, attach written proof of age (current driver's license, OR picture identification document containing date of birth issued by a governmental agency, OR a copy of birth certificate accompanied by a picture identification document issued by a governmental agency). [If additional space is needed, check here  and respond further on a separate sheet.]***

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C. 1.) State full name of Corporation or LLC: \_\_\_\_\_

\_\_\_\_\_

2.) Business address: \_\_\_\_\_

3.) Identify all persons with an influential interest (see code Sec. A-2), including all names/aliases used by them in the last five years:

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

***For each person listed in C.s above, attach written proof of age (current driver's license, OR picture identification document containing date of birth issued by a governmental agency, OR a copy of birth certificate accompanied by a picture identification document issued by a governmental agency). [If additional space is needed, check here  and respond further on a separate sheet.]***

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D. 1.) State the name of the sexually oriented business:

\_\_\_\_\_

2.) State the name and business address of the statutory agent or other agent authorized to receive service of process:

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

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

\_\_\_\_\_

3.) Has any person identified in response to section A, B, or c been convicted of or pled guilty or nolo contendere to a specified criminal activity? (See code Sec. A-2 for definition of "specified criminal activity.")

Yes\*     No

\*If yes, then for each such conviction, guilty plea, or plea of nolo contendere, state below:

a) The person and the offense: \_\_\_\_\_

b) Court in which charged: \_\_\_\_\_

c) The date of conviction or plea: \_\_\_\_\_

d) The place of conviction or plea: \_\_\_\_\_

e) Date of release from confinement: \_\_\_\_\_

***[If additional space is needed, check here , and respond further on a separate sheet.]***

4.) Has any person identified in response to section A, B, C had an influential interest in a sexually oriented business that, in the past five years (and while he/she had such influential interest), has been declared by a court of law to be a nuisance or has been subject to a court order requiring closure of the business? (See code Sec. A-3(c)(7))

Yes\*     No

\*If yes, state:

a) Person and name of business:

\_\_\_\_\_

b) City, County, and State where such business is/was located:

\_\_\_\_\_

c) Court and date of court's order: \_\_\_\_\_

***[If additional space is needed, check here  and respond further on a separate sheet.]***

5.) Location of Sexually Oriented Business:

Street Address: \_\_\_\_\_, Oxford Maine 04270

Mailing Address: (If different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number: (\_\_\_\_) - \_\_\_\_\_ and/or (\_\_\_\_) - \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

\_\_\_\_\_

***You must attached a sketch or diagram showing the configuration of the premises, including a statement of total floor area occupied by the business and a statement of total floor area visible or accessible to patrons for any reason, excluding restrooms. The sketch for businesses offering activities covered by Code Sections A-13 and A-17 must contain the information required in those sections (configuration of booths, location of stage, location of operator's station (s), etc.). The sketch need not be professionally prepared but must be drawn to scale and be accurate to plus or minus 6 inches.***

6.) Circle which fee/amount is attached:

\$100 initial fee for sexually oriented business license

\$50 annual renewal fee for sexually oriented business license

[See Code Sec. A-5] \*Please make checks payable to Town of Oxford

7.) Certification

By signing the following, I/we agree and certify:

- A. To supplement the information contained in this application within ten (10) working days of any change of circumstances that renders the information false or incomplete (in writing, by certified mail, return receipt requested, to the Town Manager)
- B. That the information contained herein is true, complete, and correct.

***This application must be signed by each individual identified in response to sections A, B, and C, and each of those signatures must be notarized. This application must be filed in person by a least one of the individuals identified in section A, B, or C at the office of the Town Manager.***

Signed: _____	Date: __ / __ / ____
Notary: _____	Commission Expires: __ / __ / ____

Signed: _____	Date: __ / __ / ____
Notary: _____	Commission Expires: __ / __ / ____

Signed: _____	Date: __ / __ / ____
Notary: _____	Commission Expires: __ / __ / ____

Signed: _____	Date: __ / __ / ____
Notary: _____	Commission Expires: __ / __ / ____