

OXFORD, MAINE
APPLICATION FOR SEXUALLY ORIENTED BUSINESS
EMPLOYEE LICENSE

1. Applicant's full legal name: _____

2. Any other names/aliases used in the last five years: ☐ Yes* ☐ No

If yes, please state name: _____

3. Current Business/mailling 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).

5. Have you 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 offense: _____

b) Court in which charged: _____

c) The date of conviction or plea: _____

d) The place of conviction or plea: _____

e) Date of release form confinement: _____

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

6. Have you 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:

Name of business: _____

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

b) Court and date of court's order:

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

7. Check which fee/amount is attached:

☐ \$50 initial fee for sexually oriented business license

☐ \$25 annual renewal fee for sexually oriented business license

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

8. If you seek licensure to work in a sexually oriented business that is currently licensed by the Town of Oxford, please provide the name and address of the business:

Name of Business: _____

Address: _____

By signing this application, you represent that the information contained herein is true, complete, and accurate. This application must be notarized. You must file this application in person in the office of the Town Manager. You are responsible to supplement the information provided on this from within (10) working days of a change of circumstances which would render the information originally submitted false or incomplete, and must make such supplementation in writing by certified mail, return receipt requested to the Town Manager.

Signed: _____ Date: ____/____/____

Notary: _____ Commission Expires: ____/____/____