



**APPLICATION FOR  
 ADULT BUSINESS PERFORMER LICENSE**

<b>APPLICANT INFORMATION</b>			
Name of Applicant:	Last: _____	First: _____	Middle Initial: _____
Physical Address:	_____	City: _____	Zip: _____
Mailing Address:	_____	City: _____	Zip: _____
Contact Phone Number:	( ) - _____	Alternate Number:	( ) - _____
Age	_____	Place of birth	_____
Height:	_____	Weight:	_____
		Hair Color:	_____
		Eye Color:	_____
Description and location of tattoos (if applicable) _____			

<b>LICENSED ADULT BUSINESS WHERE PERFORMER WILL BE WORKING</b>			
Name of Business: _____	Clinic Phone No.:	( ) - _____	_____
Address: _____	City: _____	State: _____	Zip: _____
Name of Business: _____	Clinic Phone No.:	( ) - _____	_____
Address: _____	City: _____	State: _____	Zip: _____
Name of Business: _____	Clinic Phone No.:	( ) - _____	_____
Address: _____	City: _____	State: _____	Zip: _____

Have you ever used another name: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list other names used including alias, stage name, nickname, maiden name, etc.: _____

<b>REVOCATIONS, CRIMINAL CONVICTIONS, SUSPENSIONS OR DENIALS: (If you answer yes to any question, please attach separate sheet with details.)</b>	
1. Have you ever had a Performer license suspended or revoked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you ever had a Performer application denied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you* ever pled guilty or nolo contendere to, or been convicted of, an offense classified by the State of California or any other state as a sex related offense, including crimes involving moral turpitude, prostitution, or obscenity, subject to the following time periods:	
* If the applicant is a partnership or corporation, such verified statement must be submitted by each and every partner, officer and/or director.	
(A) If a misdemeanor, more than two years have elapsed from the date of the plea or conviction or from the date of release from confinement for the conviction, whichever is the later date, to the date of the application; or	Yes <input type="checkbox"/> No <input type="checkbox"/>
(B) If a felony, more than five years have elapsed from the date of the plea or conviction or from the date of release from confinement for the conviction, whichever is the later date, to the date of the application; or	Yes <input type="checkbox"/> No <input type="checkbox"/>
(C) If two or more misdemeanors, the pleas or convictions occurred within any 24-month period and more than five years have elapsed from the date of the last plea or conviction or from the most recent date of release from confinement for the conviction or plea, whichever is the later date, to the date of application.	Yes <input type="checkbox"/> No <input type="checkbox"/>

*(Continued on next page)*



I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

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

**Please return completed/signed form to: San Bernardino County Clerk of the Board,  
 385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130.**

**COUNTY USE ONLY**

**Sheriff's Department Use Only – For background check and fingerprinting contact:**  
 Sheriff's Department/Records Division, 655 East Third St., San Bernardino, (909) 888-5916  
 Please do not take this application to another station for the background check.  
 Sign offs from other than the Third Street station will result in delayed processing of your application.

Recommendation:  Approved  Denied Comments: \_\_\_\_\_

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

**Clerk of the Board of Supervisors (909) 387-3841**

*Please Note: all fees can be found at [www.sbcounty.gov/cob](http://www.sbcounty.gov/cob) are non-refundable. Make checks payable to Clerk of the Board.*

Initial Application Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors

Initial License Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors

Renewal Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors

Relocation and/or Additional Location Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors

Relocation and/or Additional Location Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors

Check When Completed: \*Fingerprints  *Fingerprints on file must be dated May 2006, or later.*

Copy of Photo ID (Proof of Age)  Photo Taken