

Currituck County Sheriff's Office Application for

Sexually Oriented Business License

Applicant's Full Name, (include Maiden Name if applicable and any aliases): Name of Business under which business will be operated (attach a certified copy of the assumed name certificate prepared by and recorded in the Currituck County Register of Deeds Office pursuant to NCGS 66-58): Full Physical Address of Business: City: State: Zip Code: Business Phone: _ (Name, Residence Address, Telephone Number, and Social Security Number of each individual who will be an operator of the business must be attached.) Location where the books and records will be maintained for examination: Is the Applicant the owner of the real property: If the above question is answered NO, the name and address of the owner of the real property upon which the business is to be operated and a copy of the lease or rental agreement must be attached. If the applicant is a partnership, corporation, see attached instructions. Type of Sexually Oriented Business Applicant intends to operate: Will you or do you intend to serve alcoholic beverages: _____ (If YES, attach valid ABC permit) Drivers License: State Issued: (Attach Copy) Federal Tax Identification Number: _____ Social Security Number: _____ (Attach Copy) Date of Birth: Place of Birth: Are you and illegal alien? How long have you lived in this state? Have you ever been charged with a sexually oriented crime in the last 5 years?

** Application Must be Submitted In Person**

If YES to the above, please list date, place, and offense:				
Do you have any Court Cases pending?				
Are you a fugitive from Justice?				
How long have you lived in Currituck County?				
Are you an unlawful user of: Drugs: Alcohol:				
Have you ever been issued or denied a permit before?				
If YES to the above question, please explain when and why?				
I have attached Permits/Documents evidencing compliance with County's UDO Yes No				
Other Attached Documentation, Please List:				

I understand that if any of the above statements are false, I may be denied a license to operate by the Sheriff				
Applicants Signature:		Date:		
Sworn to and subscribed before me on this	day of		, 202	
Notary			My Commission Ends	
Date Received for Processing:				
To be submitted at time of application: Non-refundable application and processing fee Non-refundable application and processing fee		•		
Date Approved:	Date Denied:			

Pursuant to Section 8-34(b)(11) a sketch or diagram must be submitted with application, drawn to scale or drawn with marked dimensions.

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