



APPLICATION FOR ADULT CONCESSION ENTERTAINER AND MANAGER LICENSE

PLEASE PRINT CLEARLY – ILLEGIBLE APPLICATIONS WILL DELAY REVEIW

Adult Concession Business Name \_\_\_\_\_  Entertainer  Manager

Adult Concession Business Location \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Must be 18 years or older to apply)
Last First Middle Initial

Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

Local Address \_\_\_\_\_ Phone \_\_\_\_\_
Street and Number City State Zip Code

Permanent Legal Address \_\_\_\_\_ Phone \_\_\_\_\_
Street and Number City State Zip Code

If less than five years at this address, list previous address(es) (street and number):

List any stage names or nicknames you have used in entertaining (please separate with commas if more than one):

List all convictions for any misdemeanor or felony violations in this or any other city, county, or state within the last five years except for parking violations or minor traffic infractions:

I hereby declare under penalty of perjury of the laws of the State of Washington that the information and attestations contained in this application are accurate and complete. I further understand that making a material false statement in this application may result in suspension or revocation of the applicant's City of Kennewick business license, or refusal of the City to grant the applicant a City of Kennewick business license. I also authorize the City of Kennewick, its agents and employees to investigate and confirm any statements set forth in this application.
Signature of \_\_\_\_\_ Dat \_\_\_\_\_

Please return this application to 211 W 6th Ave, Kennewick, WA. 99336 or email it to kpdinfo@ci.kennewick.wa.us. The application needs to include a copy of a current driver's license and an up-to-date head and shoulders photo of the applicant for the ID card. At the time of filing this application, a NON-REFUNDABLE fee of \$75.00 shall be paid to the City of Kennewick to cover the cost of investigation. Please send a check with the application, if mailed, or call 509-585-4208 during regular business hours to pay over the phone.