S.O.B. Business License Application Check List

All appropriate fees and documents must accompany the application. S.O.B. licensing fee is $84.00. License only valid for one year from date of issue. Please allow 30 days for processing.

COMPLETE THE CHECKLIST BELOW

1. ☐ Complete a business license application form and supplemental form
   a. Complete all lines, enter N/A if not applicable

2. ☐ Provide an ORIGINAL BCI Background Check dated no older than 60 days prior to the date of the application.
   Obtain a background check from the BCI: Bureau of Criminal Investigation, 3888 West 5400 South, (801)965-4445, M-F 8am to 4:30 pm

3. ☐ Provide a copy of a government issued ID

4. ☐ Pay application fee of $84.00 (keep your receipt)

5. ☐ Each applicant is required to meet with the police chief or his/her designee and sign a statement of understanding of the applicable laws and regulations. You will be contacted by a detective to schedule a license interview.

6. ☐ Once your license is issued take the license to the Salt Lake County Sheriff’s Office to obtain a Photo ID.

   Salt Lake County Sheriff’s Office
   Investigations Department
   3365 S 900 W
   Salt Lake City, UT 84119

   Phone: 385-468-9904
   Hours: 8pm to 5pm

If you have any questions please contact our Business Licensing Department
7505 S Holden Street, UT 84047 * 801-567-7214 * mvalencia@midvale.com

Last Updated July 2019
SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE

**Type of employee**

_Dancer, bartender, bouncer, doorperson, manager_

**Type of application**

☐ New License  ☐ Renewal

**Name of Business**

________________________________________

**Name of Manager**

________________________________________

**Business Information**

Phone

Email

**Business Address**

________________________________________

**APPLICANT INFORMATION**

**Legal Name**  **Maiden Name**  **Stage Name**

**Date of Birth**  **Place of Birth**  **Age**

**Social Security Number**  **Driver’s License Number**

**Applicant Phone Number**  **Applicant Email**

**Applicant Address:**

Have you ever used an alias or been known by another name, including any previous married names, nicknames, or stage names?  YES ☐  No ☐

If yes, list all names and reason for use:

Have you ever had a license, permit or authorization to do business revoked, denied, or suspended?  Yes ☐  NO ☐  If yes, list jurisdiction, date, and reason:

Have you ever been convicted of any crime, including any misdemeanor, felony or ordinance violation (other than minor traffic violations) in the last five years?  YES ☐  NO ☐

If yes, please list below the nature of each crime and the date, location, charge, convicting agency, case number, sentencing jurisdiction, disposition (guilty, no contest, plea in abeyance) and sentence for each offence:

________________________________________

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List employment history and the dates of each employment for the last three years:

__________________________________________

STATEMENT

I hereby attest that the above information and all information attached hereto is true and correct. I understand that falsification of this application is grounds for denial or revocation of my license(s) and that perjury is a crime punishable by fine or imprisonment.

__________________________________________

Signature of Applicant

Sworn and subscribed before me this ___ day of ____________, in the year __________.

__________________________________________

Notary Public

My commission expires ________________

RELEASE OF BUREAU OF CRIMINAL IDENTIFICATION INFORMATION

I, the undersigned applicant for a Midvale City Sexually Oriented Business Employee License, hereby release the confidential contents of my Bureau of Criminal Identification background check to the City’s business license official for the limited purpose of verifying whether I have been convicted of any crime and the timeframe of any such conviction, and the use in any official city proceeding regarding the issuance, denial, suspension or revocation of the license for which I am applying.

Dated _______________, 20__.

__________________________________________

Signature of Applicant