



# CENTER TOWNSHIP

## ADULT ENTERTAINMENT ESTABLISHMENT PERMIT APPLICATION

FOR OFFICE USE ONLY

Application Number: \_\_\_\_\_

Fee: \_\_\_\_\_

Map Number: \_\_\_\_\_

Paid: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Received By: \_\_\_\_\_

### §20-1314.C PERMIT REQUIRED

1. Any person who operates an adult entertainment establishment shall be required to obtain a permit from the Township.

2. An application for an adult entertainment permit shall be made on this form. The **application shall be accompanied by** the required fee, a sketch or diagram showing the floor plan and lot configuration. A statement indicating the total floor area shall also be included. Parking facilities must be identified and are required to meet the requirements of Chapter 20 of the Center Township Codification of Ordinances. Nonconforming structures not having the required parking sites shall not be issued a permit unless the adult entertainment establishment was in existence as a lawful use prior to the date of enactment of Chapter 20.

3. The entire Chapter 20 can be found at [www.centertownship.net](http://www.centertownship.net). From there click on "Ordinances" then "Chapter 20".

### APPLICATION

A1. CLASSIFICATION (check all applicable, see Article XIII §20-1314.B for definitions)

- Adult arcade     Adult bookstore and/or video store     Adult cabaret/bottle club
- Adult motel     Adult motion picture theater     Adult theater     Massage establishment
- Other (explain) \_\_\_\_\_

A2. Date of application: \_\_\_\_\_

A3. Proposed site name: \_\_\_\_\_

A4. Site location.(Street address approved by the Township and County 911):

\_\_\_\_\_

**ADULT ENTERTAINMENT ESTABLISHMENT PERMIT APPLICATION  
(continued)**

A5. Building owner name and address and phone #:

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A6. Applicant/Operator name and address and if the Operator is a corporation, the state of incorporation, address, officer's names and addresses, registered agent and address and Articles of Incorporation; and if the Operator is a partnership, the names and addresses of the general. (attachments may be necessary):

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A7. Name and address of individual designated to receive notice (Operator's Agent). Must be a physical address. Post Office boxes will NOT be accepted:

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A8. Name of Operator representative with supervisory authority over all operation site activities and a 24-hour phone number:

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A9. The name, address and 24-hour phone number of the person to be notified in case of an emergency:

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A10. A notarized statement signed by the Operator, or designated representative, that the information submitted with the application is, to the best knowledge and belief of the Operator or designated representative, true and correct. (include with application)

A11. Proof of all applicable Bonding, Letters of Credit, Indemnity, Insurance, etc. (include with application)

A12. Listing of other permits required. (include with application)

A13. Signed and recorded land development mylar. (include with application)