

ADULT ENTERTAINMENT ESTABLISHMENT- Additional Application Requirements and Supplement Fees
Licenses are valid for one year from date of issuance.

Calculate the applicable fees, total, and attach a check payable to the City of Sheridan to the front of your application. It is the responsibility of the business owner to review the city's fee schedule.

FEE TYPE	FEE AMOUNT	SUBTOTAL
Original license application fee	\$1000.00	\$
License renewal application fee	\$500.00	\$
Adult Store – annual license fee	\$2000.00	\$
Adult Motion Picture Theater – annual license	\$2000.00	\$
Adult Cabaret – annual license fee	\$2000.00	\$
Adult Theater – annual license fee	\$2000.00	\$
Adult Arcade – annual license fee	\$2000.00	\$
City of Sheridan Business License	\$65.00	\$
City of Sheridan Sales Tax License	\$10.00	\$
Adult Employee License- Annual	\$50.00	\$
New manager registration	\$200.00	\$
Background investigation fee for applicant (each principal owning 10% or more)	\$75.00	\$
	Total Fees Due	\$

Additional Requirements for Adult Entertainment Establishment Applicants:

Each principal and holder of 10% or more of corporate stock and each manager shall be photographed and fingerprinted by the Sheridan Police Dept. A background investigation will be conducted.	Applications for renewal must be filed with the City Clerk no later than 60 days prior to expiration.
Certificate of Good Corporate Standing yearly.	Submit a drawing to scale, showing the configuration of the premises, including total floor area to be occupied by the adult entertainment establishment
Documents recording trade name, including Trade Name Affidavit.	Employees must be at least 18 years of age.
Name of any other sexually oriented business in which any officer, director or partner has a financial interest: _____	Licensee will provide to the City Clerk a written list of all employees, including full name, aliases, date of birth, current address and phone number. Updates must be provided within 5 days of employment of new employees.

It is the responsibility of the licensee to read and comply with local ordinances and state and federal laws relative to the operation of any business in the City of Sheridan.

AFFIDAVIT:

I, _____, as the business owner or as authorized by the business owner, do hereby declare all information provided on this application is true and accurate. I understand that any dishonest disclosure may result in loss of the privilege to operate a business in the City of Sheridan.

SIGNATURE OF APPLICANT

TITLE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE OF APPLICATION

Return completed application to:

City of Sheridan Licensing Department
 4101 South Federal Blvd.
 Sheridan, CO 80110
 303-762-2200