



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Environmental Health

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bridgeportct.gov/EnvironmentalHealth

Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN
Director of Health & Social Services

Sumit Sharma, MPH, MDiv.
Deputy Director of Health & Social Services

Audrey M. Gaines, BS
Deputy Enforcement Officer

SEXUALLY ORIENTED BUSINESS APPLICATION

OFFICE USE ONLY	
Insp. #	_____
Date:	_____
Late Charge:	_____
Fee: \$250	Total: _____
Cashier's Check:	_____
MO:	_____
Received by:	_____

NAME OF ESTABLISHMENT: _____

ADDRESS: _____

TOWN & ZIPCODE: _____

PHONE: _____

NAME OF APPLICANT/OWNER'S NAME: _____

HOME ADDRESS: _____

PHONE: _____ DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER/FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

EMAIL: _____

PLEASE SUBMIT A COPY OF YOUR DRIVER'S LICENSE WITH YOUR APPLICATION.

NAME OF MANAGER/EMPLOYEE'S NAME: _____

HOME ADDRESS: _____

PHONE: _____

NAME OF MANAGER/EMPLOYEE'S NAME: _____

HOME ADDRESS: _____

PHONE: _____

NAME OF MANAGER/EMPLOYEE'S NAME: _____

HOME ADDRESS: _____

PHONE: _____

NAME OF MANAGER/EMPLOYEE'S NAME: _____

HOME ADDRESS: _____

PHONE: _____

NAME OF MANAGER/EMPLOYEE'S NAME: _____

HOME ADDRESS: _____

PHONE: _____

INCLUDE ADDITIONAL EMPLOYEE INFORMATION ON THE BACK

NATURE OF ENTERTAINMENT CONDUCTED AT THE BUSINESS:

Are you currently licensed or have previously operated in this or another municipality or state under license; the names and locations of such businesses; whether the applicant has had such license suspended or revoked; the dates of and reasons for such suspension or revocation; and the business entity or trade name under which the applicant operated that was subject to the suspension or revocation. Such history shall include any entity of which the applicant was a partner, member, officer, director or shareholder; _____

Does the applicant, operator, employees, or other persons directly involved in the management or control of the sexually oriented business have any criminal convictions to any crime involving moral turpitude, prostitution, obscenity, or other sex-related crimes in any jurisdiction within three years of the date of the filing of the application. Such crimes include but are not limited to, obscenity, child pornography, prostitution, patronizing a prostitute, promoting or permitting prostitution, and sexual assault, in the state, being Connecticut General Statutes Sections 53a-194, 53a-196, 53a-196a, and 53a-196b (obscenity); Connecticut General Statutes Sections 53a-196c and 53a-196d (child pornography); Connecticut General Statutes Sections 53a-82, 53a-83 and 53a-83a (prostitution, patronizing a prostitute, and patronizing a prostitute from a motor vehicle); Connecticut General Statutes Sections 53a-86, 53a-87, 53a-88 and 53a-89 (promoting or permitting prostitution); and Connecticut General Statutes Sections 53a-70, 53a-70a, 53a-70b, 53a-71, 53a-72a, 53a-72b and 53a-73a (sexual assault); _____

Please include a sketch or diagram showing the configuration of the premises drawn to a designated scale and with marked dimensions of the interior of the premises, including a statement of the total floor space occupied by the business. Such sketch or diagram shall include, without limitation, all doors, windows, bars, stages, manager's stations, restrooms, dressing rooms, booths, cubicles, rooms, studios, compartments, stalls, overhead lighting fixtures, and any areas where patrons are not permitted.

A recent photograph of the applicant, and each owner, manager, partner, member, manager, officer, director or majority shareholder and a copy of their drivers license must be submitted with this application. If the applicant is a partnership or any other type of entity, the application should be accompanied by a copy of the partnership agreement, certificate of organization, articles of organization, operating agreement, or other entity documents.

The applicant is familiar with the provisions of this chapter, is in compliance with them, and consents to the authority of the city in licensing the proposed sexually oriented business.

Issuance of this license shall not be construed as permission to create or maintain any violations of the sanitary regulations and ordinances of the State of Connecticut and the City of Bridgeport. The undersigned agrees to comply with all such sanitary regulations and ordinances. **MUST BE RENEWED ANNUALLY.**

THIS LICENSE IS NOT TRANSFERRABLE, NON-REFUNDABLE AND NOT PRORATE

Please make Cashier's Check or Money Order to: **Bridgeport Health Department**

Applicant's Signature: _____ **Date:** _____