



License Period ____/____/____ - ____/____/____

SEXUALLY ORIENTED BUSINESS EMPLOYEE LICENSE APPLICATION

I, the undersigned, do hereby make application for a SOB Employee License for the year ending June 30, 20_____, and I certify that I am familiar with the laws, ordinances and regulations pertaining to said license and I agree to obey all provisions of said law.

Applicant Information

- 1) Name _____
State of Wisconsin, County of Milwaukee _____
- 2) Maiden/Former Names/ Alias (\$2.00 each) _____ swears that the information in this application for a Sexually Oriented Business Employee License is true and correct to the best of my knowledge.
- 3) Address _____
- 4) Mailing Address (for legal service) _____
Subscribed and sworn to before me this _____ day of _____, 20____.
- 5) Phone Number _____ Date of Birth _____ Age _____
- Notary Public, Milwaukee County, Wisconsin _____ My Commission Expires _____
- 6) State-Issued ID / Driver License Number _____
- 7) Height _____ Weight _____ Hair Color _____ Eye Color _____

Business Information

- 1) Business Name _____
- 2) Business Address _____
- 3) Business Phone Number _____