



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
**COMMISSION ON ADULT ENTERTAINMENT
ESTABLISHMENTS**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

CERTIFICATE OF INDIVIDUAL ASSOCIATED WITH ADULT ESTABLISHMENT

INSTRUCTIONS

This form is to be completed by individuals associated with an adult establishment for which a licensure application has been filed with the Commission on Adult Entertainment Establishments. Individuals who are required to complete this form include those associated with the establishment in the manner listed in Question 4 below.

MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE. ENTER THE ADULT ESTABLISHMENT'S APPLICATION ID: _____

1. Name of Establishment: _____

2. Establishment **Location** Address: _____

Street Address - No PO Box!

_____ DE _____
City State Zip

3. Type of Adult Establishment:

Retail

Entertainment (check one of the following):

Book Store

Motion Picture Theatre

Show (includes Peep Show)

Other

4. Select your association with the establishment named (check all that apply):

Sole Proprietor

Partner/Owner

Member of Unincorporated Association/Owner

Corporate Director

Corporate Officer

Principal Stockholder

Manager

Employee

Individual Responsible for Procuring Sexually Oriented Material (does not apply to Retail Establishments)

Independent Contractor (does not apply to Retail Establishments)

5. Full Name: _____
Last First Middle

6. Other Names Used: _____

Include names such as aliases, maiden name, former married names, alternate spellings or punctuation

7. Date of Birth (month/day/year): _____ Gender: Male Female

8. Have you been issued a U.S. Social Security Number? Yes No

If yes, enter SSN: _____ and attach copy of SSN card.

If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to you: You are required to provide a U.S. SSN by 24 Del. C. §1613. The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

AFFIX RECENT 2" X 2"
COLOR PHOTO

9. Driver's License Number: _____ State: _____ **Attach copy of license.**

10. **Residence** Address: _____
Street Address - No PO Box!

City State Zip

11. Place of Employment: _____

12. **Employment** Address: _____

City State Zip

13. Employer Phone: _____

14. If you are an independent contractor, what is your job at the establishment named above? _____
Delaware Division of Revenue License Number: _____

15. Have you been the subject of any administrative penalties regarding your involvement with adult entertainment or retail establishments, such as a fine, formal reprimand, suspension, revocation, probation or voluntary license surrender? Yes No **If yes, submit a letter giving a full explanation. Include copies of all appropriate records.**

16. Are any unresolved complaints pending against you in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to be fingerprinted.

AFFIDAVIT

The individual named above, being duly sworn, does hereby acknowledge that he or she is associated with the adult entertainment establishment named above, in the capacity indicated, and certify that the facts stated herein are true.

Signature: _____ Date: _____

State of _____, County of _____

In said county on this _____ day of _____ 2 _____,

_____ personally appeared before me, has been duly sworn, deposes, and says that he or she has read carefully and truthfully answered the above questions.

Notary Public Signature: _____

SEAL

My Commission Expires: _____