ADULT BUSINESS EMPLOYEE LICENSE APPLICATION



WYTHE COUNTY BOARD OF SUPERVISORS 340 SOUTH SIXTH STREET WYTHEVILLE VIRGINIA 24382

Phone: 276-223-6020 Fax: 276-223-6030

All applicants are	required to provid	de the following information:		
Full Legal Name:				
Address:				
Phone Number:		Social Security Number	:	
Date of Birth:		Place of Birth:		
Age:	Race:	Weight:	Hair Color:	
Sex:	- -	Height:	Eye color:	
If yes, please des	cribe in detail the	felony or misdemeanor? nature of the offense, when a sessed.	nd where you were convicted a	and
use ordinance fro	m another locality	other permits or licenses under within the past five years?	Yes □ No	tlut
statute or ordina employed in an ac	ance requiring a dult business?	rmit or license or had a pern permit or license to opera ☑ Yes ☐ No re the denial or revocation oc	te an adult business or to	
Please list below	the names and add	dresses of three references.		
willful ommission photograph, fing	n shall be sufficie gerprints and c	Certification n are true and correct and unent cause for denial of this liceriminal records check alone whether the information I provide	ense application. I will providing with written authorizat	e a
Applicant's Signa	ture	Date		

All Adult Business Employee Licenses are issued pursuant to Ordinance 2006-1 "Ordinance Regulating Certain Sexually Oriented Adult Businesses". Each application shall be accompanied by a \$75 fee. Licenses are valid for 12 months and may be renewed in the same manner as initially obtained. The County Administrator or his or her designee may revoke any permit or license pursuant to Section 4 of Ordinance 2006-1. Copies of Ordinance 2006-1 may be obtained at the County Administration Office, 340 South Sixth Street, Wytheville Virginia or at www.wytheco.org.