

ATLANTIC BEACH, SOUTH CAROLINA

APPLICATION FOR LICENSE TO OPERATE A SEXUALLY ORIENTED BUSINESS

Applicant's full legal name: _____

State whether you are (check one):

_____ an individual (**complete Sections A and D**)

_____ a partnership (**complete Sections B and D**)

_____ a corporation or limited liability company (**complete Sections C and D**)

A. 1) State your full legal name: _____

2) State any other names/aliases used in the last five years: _____

3) Current business/mailling address: _____

4) Are you over 18 years of age? ☐ Yes ☐ No

Attach written proof of age (driver's license; picture identification document containing your date of birth issued by a governmental agency; OR a copy of your birth certificate accompanied by a picture identification document issued by a governmental agency).

B. 1) State full name of partnership: _____

2) Identify all persons with an influential interest (see Ord. No. 11-2025, § 2), including all names/aliases used by them in the last five years:

3) Business/mailling address(es) of persons identified in B.2 above: _____

For each person listed in B.2 above, attach written proof of age (driver's license; picture identification document containing date of birth issued by a governmental agency; OR a copy of birth certificate accompanied by a picture identification document issued by a governmental agency).

[If additional space is needed, check here ____ and respond further on a separate sheet.]

C. 1) State full name of corporation or LLC: _____

2) Business address: _____

3) Identify all persons with an influential interest (see Ord. No. 11-2025, § 2), including all names/aliases used by them in the last five years:

4) Business/mailling address(es) of persons identified in C.3 above: _____

For each person identified in C.3 above, attach written proof of age (driver's license; picture identification document containing date of birth issued by a governmental agency; OR a copy of birth certificate accompanied by a picture identification document issued by a governmental agency).

[If additional space is needed, check here ____ and respond further on a separate sheet.]

D. 1. State the name of the sexually oriented business: _____

Email address: _____

2. State the name and business address of the statutory agent or other agent authorized to receive service of process:

Name: _____

Address: _____

3. Has any person identified in response to section A, B, or C been convicted of or pled guilty or nolo contendere to a specified criminal activity? [See Ord. No. 11-2025, § 2 for definition of “specified criminal activity”]

Yes No

If yes, then for each such conviction, guilty plea, or plea of nolo contendere, state:

a) The person and the offense: _____

b) Court in which charged: _____

c) The date of conviction or plea: _____

d) The place of conviction or plea: _____

e) Date of release from confinement: _____

[If additional space is needed, check here _____ and respond further on a separate sheet.]

4. Has any person identified in response to section A, B, or C had an influential interest in a sexually oriented business that, in the past five years (and while he/she had such influential interest), has:

- (i) been found by a court to have been operating unlawfully;
- (ii) been enjoined by a court from engaging in conduct prohibited by law;
- (iii) been held in contempt of court for operating contrary to a court order;
- (iv) been declared by a court to be a nuisance; or
- (v) been subject to a court order requiring closure of the business or affirming revocation of any license required to operate the business?

Yes No

If yes, please provide the following:

a) Person and name of business: _____

b) City, county, and state where such business is/was located: _____

c) Court and date of court’s order: _____

[If additional space is needed, check here _____ and respond further on a separate sheet.]

5. Location of sexually oriented business:

Street address: _____

Mailing address (if different): _____

Phone number: _____

Legal description of property: _____

You must attach a sketch or diagram showing the configuration of the premises, including the marked dimensions of each interior area, the total floor area occupied by the business, and the total floor area visible or accessible to patrons for any reason, excluding restrooms. The diagram shall indicate the location of required light fixtures (Ord. No. 11-2025, § 14), video cameras and monitors, and the place where the license, if granted, will be posted. The sketch for businesses offering activities covered by § 13 and § 17 must contain the information required in those sections (configuration of booths, location of stage, location of operator's station(s), etc.). The sketch need not be professionally prepared but must be drawn to scale and be accurate to plus or minus 6 inches.

6. Does an applicant own the premises wherein the sexually oriented business will be operated?

Yes

No

If yes, name of owner: _____

If no, does the applicant hold a lease for the premises where the sexually oriented business will be operated?

Yes

No

State the expiration date of the lease: _____

If the applicant is a lease holder, you must submit a copy of the lease with this application. Is a copy of the lease attached?

Yes

No

7. This application requires a list of the business's employees and a list identifying each of the business's operators, as defined by Ord. No. 11-2025, § 2. Are these lists attached?

Yes

No

8. Circle which fee/amount is attached: [See Ord. No. 11-2025, § 5]
(Please make checks payable to Town of Atlantic Beach.)

\$200 initial fee for sexually oriented business license

\$100 annual renewal fee for sexually oriented business license

9. Acknowledgement and Certification

By signing the following, I/we acknowledge and understand:

- A. That Ordinance No. 11-2025 prohibits nudity, specified sexual activity, and touching between customers and semi-nude employees, on the premises of a sexually oriented business.

By signing the following, I/we agree and certify:

- B. To supplement the information contained in this application within ten (10) working days of any change of circumstances that renders the information false or incomplete [in writing, by certified mail, return receipt requested, to the office of the Town Manager].

- C. That the information contained herein is true, complete, and correct.

This application must be signed by each individual identified in response to sections A, B, and C, and each of those signatures must be notarized. This application must be filed in person by at least one of the individuals identified in section A, B, or C at the office of the Town Manager.

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

Signed: _____ Date: _____

Notary: _____ Commission Expires: _____

[If more space is needed, check here _____ and provide additional signatures on a separate sheet.]