

# Canton Clerk's Office

Charter Township of Canton  
Sexually Oriented Businesses Employee License Application

Legal Name and aliases: \_\_\_\_\_

Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Addresses for the past three (3) years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Occupation/Employment History: This section is to include the three (3) years immediately preceding the date of this application.

Place of Employment	Dates	Duties
_____	_____	_____
_____	_____	_____

Has applicant (or anyone living with applicant) previously operated a sexually oriented business, adult use or similar business in any other city or state under license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name and location of license: \_\_\_\_\_

Has any such license been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state reason for suspension or revocation, city or state, and the business activity or occupation of applicant. Explain in detail, if more space is needed, use reverse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers License No. \_\_\_\_\_



Clerk's Office  
Tel: 734/394-5120  
www.canton-mi.org

1150 Canton Center S., Canton, MI 48188  
Fax: 734/394-5128

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Sex \_\_\_\_\_ Eyes \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Criminal convictions or ordinance violation convictions for the proceeding five (5) years of applicant or licensee. (Check appropriate conviction and complete all information, this section **must** be completed in full. If more space is needed, use reverse.)

- Felony (Specify nature)
- Sexual misconduct with children
- Keeping or residing in a house of ill fame, solicitation or a lewd or unlawful act, prostitution or pandering
- Selling obscene materials
- Prostitution or promotion of prostitution
- Dissemination of obscenity
- Sale, distribution or display of harmful material to a minor
- Sexual performance by a child
- Possession or distribution of child pornography
- Public lewdness
- Indecent exposure
- Indecency with a child
- Engaging in organized criminal activity
- Sexual assault
- Molestation of a child
- Gambling
- Distribution of a controlled substance
- Any similar offenses to those described above under the criminal or penal code of other states or countries

List all pleading or nolo contendere (no contest plea) or forfeiture bonds (do not list traffic violations).

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State name and address of the licensed adult business establishment in which you will be employed and its particular use: \_\_\_\_\_

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Describe your specific duties as an employee of the above business: \_\_\_\_\_

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I hereby agree to conduct the above described adult business in accordance with all regulations and conditions imposed by the ordinances of the Township of Canton. I hereby affirm all information contained on this application is true, correct and accurate, and any incorrect or untrue statements will result in immediate revocation of the Township of Canton license for Sexually Oriented Business Employee. I also understand changes in any of the information herein provided must be immediately reported and a new application completed.

Signature of Applicant \_\_\_\_\_

This application will be considered complete only when all sections have been completed in their entirety and written proof of age, fingerprints, photograph are attached. If the premises are lease a copy of the lease must be attached. This application will not be processed unless all necessary information is provided.

Building Department: Approve \_\_\_\_\_ Denied \_\_\_\_\_ Signature \_\_\_\_\_

Public Safety: Approve \_\_\_\_\_ Denied \_\_\_\_\_ Signature \_\_\_\_\_

Clerk's Signature \_\_\_\_\_