

**Currituck County Sheriff's Office**  
**Application for Sexually Oriented Business License**

Applicant's Full Name, (include maiden name if applicable and any aliases):

\_\_\_\_\_

Name of business under which business will be operated (attach a certified copy of the assumed name certificate prepared by and recorded in the Currituck County Register of Deeds Office pursuant to NCGS 66-68):

\_\_\_\_\_

Full physical address of business \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

*(Name, residence address, telephone number, and social security number of each individual who will be an operator of the business must be attached.)*

Location where the books and records will be maintained for examination:

\_\_\_\_\_

Is the applicant the owner of the real property \_\_\_\_\_

*If above question is answered no, the name and address of the owner of the real property upon which the business is to be operated and a copy of the lease or rental agreement must be attached.*

*If the applicant is a partnership, corporation, see attached instructions.*

Type of Sexually oriented business applicant intends to operate

\_\_\_\_\_

Will you or do you intend to serve alcoholic beverages \_\_\_\_\_  
*(If yes, attach valid ABC permit)*

Drivers License: \_\_\_\_\_ State Issued: \_\_\_\_\_  
*(Attach Copy)*

Federal Tax Identification number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(Attach Copy)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you an illegal alien? \_\_\_\_

How long have you lived in this state? \_\_\_\_

Have you ever been charged with a criminal offense? \_\_\_\_

If yes to above, please list date, place and offense:

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

Do you have any court cases pending? \_\_\_\_

Are you a fugitive from Justice? \_\_\_\_

How long have you lived in Currituck County? \_\_\_\_

Are you an unlawful user of: Drugs \_\_\_\_ Alcohol \_\_\_\_

Have you ever been issued or denied a permit before? \_\_\_\_

If yes to above question, please explain when and why?

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I understand that if any of the above statements are false, I may be denied a license to operate by the Sheriff.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received for processing: \_\_\_\_\_

*Non-refundable application and processing fee of \$100.00 for new applications and \$50.00 for renewal applications is to be submitted at the time of application.*

Date Approved: \_\_\_\_\_ Date Denied \_\_\_\_\_

***Pursuant to Section 8-34(b)(11) a sketch or diagram of the business, drawn to scale or drawn with marked dimensions, must be submitted with this application.***