P-0675e
Rev. 10/2026

Adult Entertainment Establishment License Application

Jacksonville Sheriff's Office

☐ New Application
☐ Renewal

Business Classification: (Please check the applicable box)

☐ Adult Entertainment $1000	☐ Dancing Entertainment $1000
☐ Adult Novelty Bookstore $400	☐ Escort Service $1000
☐ Adult Motion Picture Theater $1000	

Business Information

Business Name _____ Tax ID # _____

Street Address _____ Suite # _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____ - _____

Email Address

If the business is to be conducted in a name other than that of the applicant, please provide the business name and county of registration in accordance with Florida Statute 865.09, Fictitious Name Registration.

Business Name	County of Registration	Address (Street, City, State, Zip Code)

OFFICE USE ONLY	Reviewed Name/ID#:	Application Number:

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Owner Information

Owner
First Name _____ Last Name _____
Date of Birth ____ / ____ / ____ Social Security Number ____ - ____ - ____
Home Street Address _____ Apt # _____
City _____ State _____ Zip Code _____
Telephone Number (____) ____ - ____
Email Address

If the owner is a partnership, please provide the full name of the managing partner and the names of all other partners whether general or limited and attach to this application a copy of the partnership agreement or certified copy thereof. (Attach additional pages if needed)

Name of Partnership

Managing Partner

First Name _____ Last Name _____
Date of Birth ____ / ____ / ____ Telephone Number (____) ____ - ____
Street Address _____ Apt # _____
City _____ State _____ Zip Code _____
Email Address

Partner

First Name _____ Last Name _____
Date of Birth ____ / ____ / ____ Telephone Number (____) ____ - ____
Street Address _____ Apt # _____
City _____ State _____ Zip Code _____
Email Address

Partner

First Name _____ Last Name _____
Date of Birth ____ / ____ / ____ Telephone Number (____) ____ - ____
Street Address _____ Apt # _____
City _____ State _____ Zip Code _____
Email Address

Partner

First Name _____ Last Name _____
Date of Birth ____ / ____ / ____ Telephone Number (____) ____ - ____
Street Address _____ Apt # _____
City _____ State _____ Zip Code _____
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If the owner is a corporation, please provide the following information:

Legal Name of Corporation:	State of Corporation:
Chief Executive Officer First Name _____	Last Name _____
Date of Birth ____ / ____ / ____	Telephone Number (____) ____ - ____
Street Address _____	Apt # _____
City _____	State _____ Zip Code _____
Email Address	

Attach a list of all other officers, directors, and principal shareholders and the Articles of Incorporation and all amendments thereto and the Certificate of Incorporation or certified copies thereof.

Has the individual, partnership or corporation or any member of the partnership, or any officer, director, or principal stockholder of the corporation that is applying for the license had a license issued pursuant to chapter 150 or 151 of the Jacksonville Municipal code revoked in the previous 12 months? If the answer is yes, provide the name of the individual and/or entity that had the license revoked and the date and reason for revocation.	☐ Yes ☐ No

Name	Date Revoked	Reason for Revocation

Has the individual, partnership or corporation or any member of the partnership, or any officer, director, or principal stockholder of the corporation that is applying for the license had an adult bookstore, adult motion picture theater, adult entertainment establishment, escort service or dancing entertainment establishment license revoked on two or more occasions or had more than one adult bookstore, adult motion picture theater, adult entertainment establishment, escort service or dancing entertainment establishment license revoked?	☐ Yes ☐ No

Does the applicant hold another adult entertainment or dancing entertainment establishment license?	☐ Yes ☐ No
If the answer is yes, please provide the location of that licensed premises: (Attach additional pages if needed.)	

Licensed Premise Information	
Street Address _____	Suite # _____
City _____ State _____	Zip Code
Licensed Premise Information	
Street Address _____	Suite # _____
City _____ State _____	Zip Code

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Licensed Premise Information		
Street Address		Suite #
City	State	Zip Code

Have any of the individuals listed on this application been convicted of a violation of an offense under Florida Statutes chapter 790 (weapons and firearms)?	☐ Yes ☐ No
Have any of the individuals listed on this application been convicted of an offense under Florida Statutes chapter FSS 796 (prostitution)?	☐ Yes ☐ No
Have any of the individuals listed on this application been convicted of an offense under Florida Statutes chapter 800 (lewdness, indecent exposure)?	☐ Yes ☐ No
Have any of the individuals listed on this application been convicted of an offense under Florida Statutes chapter 847 (obscenity)?	☐ Yes ☐ No
Have any of the individuals listed on this application been convicted of an offense under Florida Statutes chapter 893 (controlled substance) or any similar ordinance, law or regulation including crimes involving moral turpitude whether in Florida or any other state?	☐ Yes ☐ No

If the answer is yes, state the name of the individual so convicted and the date and place of conviction. (Conviction includes a plea of "guilty", a plea of "no contest" or "withhold adjudication of guilt" upon being charged with a violation.

Name	Charge	Date of Conviction	City/State

Please provide the following information with regard to all employees of the licensed premises, and if there will be no employees, a statement to that effect. (Adult Entertainment Establishments and Dancing Entertainment Only)

Name	Race	Sex	Date of Birth

(Attach additional pages if needed)

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☐	Please attach a plan drawn to an appropriate scale of the proposed licensed premises to include all areas to be covered by the license including all windows, doors, exits, any walls, immovable partitions, projection booths, concession booths, or stands, immovable counters and similar structures intended to be permanent.
☐	Please attach proof of proper zoning from the Building and Zoning Inspection Division.

This application and supporting documents must be accompanied by a non-refundable fee submitted to the Jacksonville Sheriff's Office Public Services Building at 450 Magnolia Street, Jacksonville, Florida 32204 for processing. An annual renewal fee will be required after the first year for each year desired for renewal thereafter.

I, _____, swear or affirm that the information I have provided is true to the best of my knowledge and belief and I understand that Jacksonville Ordinance 151.406 and 150.411 provide that it is unlawful to knowingly make, induce, or cause to be made by another a false, untrue or misleading statement in this application.

_____ _____ _____/_____/_____

Owner Printed Name | Owner Signature | Date

Notary Acknowledgment

Sworn to and subscribed before me this _____ day of _____ , 20 _____ , by the referenced applicant:
☐ who is personally known to me; or
☐ who has produced a _____ as identification and who did take an oath.

_____

Notary Public
State of Florida