



Business License Application, Adult Entertainment

The Department of Local Services, Permitting Division (Permitting) provides business licensing services for unincorporated King County. Only a few specific types of businesses require a King County business license. See [Types of Business Licenses](#) for a complete listing.

How to apply: Submit this completed application form by email to PermitServices@kingcounty.gov. Your application will be screened, and a confirmation email will be sent to you with online payment instructions.

Incomplete applications will not be accepted.

Application check list

- Completed application form
- A copy of the partnership agreement
- Proof that your business is qualified to do business in the State of Washington
- Legal description of the property
- A sketch or diagram showing the configuration of the interior of the adult entertainment business, drawn to a designated scale or drawn with marked dimensions of the interior of the premises to an accuracy of plus or minus 6 inches.
- A statement of total floor space
- An application signed by a general partner of the partnership and notarized
- Applicant/Owner/Business Control Person Data; Figure print card completed and attached for each Control Person¹

For staff use only

License Number:

Application Type	
<input type="radio"/> Adult Club (\$750)	<input type="radio"/> Renewal Application
<input type="radio"/> Adult Theater (\$750)	<input type="radio"/> New Application
<input type="radio"/> Adult Arcade (\$750)	

¹ Obtaining [a fingerprint card from the King County Sheriff's Office](#)

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Business Information			
BUSINESS NAME		DBA NAME	
BUSINESS ADDRESS		CITY	STATE ZIP CODE
BUSINESS MAILING ADDRESS <input type="checkbox"/> Same as above		CITY	STATE ZIP CODE
EMAIL ADDRESS		PHONE NUMBER	
PROPOSING TO SERVE LIQUOR?	STATUS OF LIQUOR LICENSE?		

Property Information
Do the applicant/owner/business control persons/partners <input type="radio"/> own, <input type="radio"/> rent, or <input type="radio"/> lease the premises?

Select one: Sole Ownership (Applicant listed above) Partnership Corporation

If a Partnership, select one: <input type="radio"/> General <input type="radio"/> Limited			
PARTNERSHIP NAME		UBI NUMBER	
FEDERAL TAX NUMBER			
NAME OF REGISTERED AGENT		EMAIL ADDRESS	
AGENT ADDRESS		CITY	STATE ZIP CODE

If a Corporation or Limited Liability Company	
CORPORATE NAME	UBI NUMBER

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FEDERAL TAX NUMBER			
DATE OF INCORPORATION		PLACE OF CORPORATION	
NAME OF REGISTERED AGENT		EMAIL ADDRESS	
AGENT ADDRESS		CITY	STATE ZIP CODE
If a Sole Proprietorship			
NAME		UBI NUMBER	
FEDERAL TAX NUMBER		EMAIL ADDRESS	

Applicant/Owner/business Control Person Data

Provide the following information for **each applicant/owner/business control person** --- partners, corporate officers, shareholders (own 10% or more of business) or any other persons who have substantial interest/management responsibilities in connection with the business. Specify the interest or management responsibility of each. "Substantial interest" shall mean ownership of 10% or more of the business or any other kind of contribution to the business of the same or greater size. Attach additional "Applicant Owner/Business Control Data" sheets if needed

FULL NAME		TITLE	ALIASES	
HOME ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
DATE OF BIRTH	PLACE OF BIRTH		DRIVER LICENSE NUMBER	DL STATE
MAILING ADDRESS		CITY	STATE	ZIP CODE

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INTEREST AND/OR MANAGEMENT RESPONSIBILITIES

Employment, Business and Occupational history for last 3 years, including name and address of employers where services as an independent contractor were provided:

NAME OF BUSINESS	DATE		
ADDRESS	CITY	STATE	ZIP CODE
NAME OF BUSINESS	DATE		
ADDRESS	CITY	STATE	ZIP CODE
NAME OF BUSINESS	DATE		
ADDRESS	CITY	STATE	ZIP CODE

Business and Occupational History

Do you hold any adult entertainment licenses in another jurisdiction? No Yes
 If yes, please provide the following information:

NAME OF BUSINESS	DATE		
ADDRESS	CITY	STATE	ZIP CODE
NAME OF BUSINESS	DATE		
ADDRESS	CITY	STATE	ZIP CODE
NAME OF BUSINESS	DATE		

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ADDRESS		CITY	STATE	ZIP CODE
<p>Have you had an adult entertainment related license denied, suspended or revoked within the last 3 years preceding this application? <input type="radio"/> No <input type="radio"/> Yes</p> <p>If yes, please provide the following information:</p>				
NAME OF BUSINESS				
BUSINESS ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
DATE OF ACTION	TYPE OF ADULT ENTERTAINMENT LICENSE	ACTION (SUSPENSION, DENIAL, REVOCATION, ETC.)		JURISDICTION
REASON FOR ACTION			CURRENT STATUS	

Partnership	Signature:	Title:
Corporation or Limited Liability	Signature:	Title:
Sole proprietorship or Individual Owner	Signature:	Title:

Continued

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This application must be signed by the applicant/owner/business control person/partner/president and notarized or certified as true under penalty or perjury.

I, _____, being first duly sworn on oath, state that I am the above-named applicant/partner business control person for a King County Adult Entertainment License, and I declare under penalties of perjury and/or revocation of any license granted that the answers contained in the application and any accompanying information have been examined by me and the matters and things set forth are true, correct and complete; that there are no oral agreements of any kind whatsoever which modify the provisions of the said specifically identified application and/or documents other than those fully disclosed in said application/documents. I further swear under penalty or perjury and/or revocation of any license granted that this business is in compliance with all applicable state and local laws governing the operation of the business. I further understand that there are **no refunds** of the license fee and **that falsification or omission on the applications are grounds for the denial, suspension, or revocation of the license applied for.**

APPLICANT SIGNATURE OR PRINTED NAME	DATE
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<p>SUBSCRIBED and SWORN to before me this</p> <p>_____ day of _____, 20____ by _____</p> <p>NOTARY PUBLIC in and for the State of _____</p> <p>Washington, residing at: _____</p> <p>My Commission Expires at: _____</p>	<p>Notary Seal or Stamp</p>
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