



## Minot Police Department

### Sexually Oriented Business Employee License Minot Code of Ordinances Section 18-192

Office Address: 515 2<sup>nd</sup> Ave SW  
Mailing Address: PO Box 5006  
Minot, ND 58702  
Email: [\(701\) 837-3658](mailto:records@minotnd.org)

#### APPLICANT INFORMATION:

Last Name	First name	Middle Initial	Date	
Street Address	Apartment/Unit#			
City	State	Zip Code		
Phone	Email			
Date of Birth	Height & Weight	Hair Color		
Stage Name: (If Applicable)				
Type of ID Presented	Issuing State			
Have you ever been denied a cabaret-type license in another jurisdiction?		Yes	No	
If yes, when & where?				
Have you ever been convicted or are you awaiting trial on pending charges related to specified criminal activity?			Yes	No
If yes, explain:				

#### DISCLAIMER AND SIGNATURE:

*I certify that my answers are true and complete to the best of my knowledge*

\_\_\_\_\_  
Signature of Property Owner/Manager

\_\_\_\_\_  
Date

#### INTERNAL USE ONLY:

\_\_\_\_\_  
Issuing Person Date of Expiration

\_\_\_\_\_  
Authorizing Agent Date

Please Attach the Following:

1. Fee: Entertainer/Employee \$30.00
2. A current color photo (3" x 4" or larger.
3. A photocopy of a license issued for 1 year.