



CITY OF TITUSVILLE APPLICATION FOR ADULT ORIENTED BUSINESS LICENSE

To City Manager
City Hall
Titusville, PA

Date Received _____

Application is hereby made under Ordinance #3146 for License to operate as an Adult Oriented Business in the City of Titusville. This license is required and must be obtained before commencement of business.

1. Name and Address of Applicant

2. Date of Birth _____ Social Security # _____

3. Pennsylvania Driver's License # _____

4. (a) Business Address

(b) Phone # _____ (Day) _____ (Evening)

5. Check whether business is: Individual Incorporated
Partnership Limited Liability Other

6. If business is conducted by you individually or by a partnership under a fictitious name, give name of true owners and date of registration of business under Fictitious Names Act.

7. Name of Manager (if different from owner)

➤ I authorize the Titusville Police Department to conduct a:
background check financial credit check

8. Days and Hours of Operation _____

(Complete information on back)

IMPORTANT

I certify the information to be true and correct and understand that any fraud, misrepresentation or false statements; failure to pay the applicable license fee; any conviction of the Owner/Operator of a felony or misdemeanor criminal offense or of an equivalent criminal offense; failure to have a valid City business license; failure to pay when due any tax or fee due to the City of Titusville; any violation of the Zoning Code; or any attempt to sale or transfer the license may be reason for revocation of the application and/or license.

Signature _____ Print Name _____

Title _____

APPROVED _____ DENIED _____

CHIEF OF POLICE

APPROVED _____ DENIED _____

CITY MANAGER

RECEIVED: _____
DATE

ISSUED _____
DATE

CITY TREASURER