



RENEWAL APPLICATION
ADULT-ORIENTED BUSINESS LICENSE

Business Name: _____	Type: _____
Physical Address: _____	
City: _____	State: _____ Zip: _____
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Telephone Number: () - _____	Parcel Number: _____

Applicant's Name:	First: _____	Last: _____	Zip: _____
Home Address:	City: _____		Zip: _____
Mailing Address:	City: _____		Zip: _____
Telephone No.:	() - _____	Driver's License No.:	_____

Please list any partners involved in above-named adult-oriented business. Use additional sheet(s) if necessary.

Business Partner's Name:	First: _____	Last: _____	Date of Birth: _____
Street Address:	City: _____		Zip: _____
Telephone:	() - _____	Driver's License No.:	_____

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, building and safety, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

I declare, under penalty of perjury, that the foregoing is true and correct and there has been no material change in the business or its operation since the date of the last application.

Date: _____ Signature: _____

County Use Only

CLERK OF THE BOARD OF SUPERVISORS

Please Note: All fees can be found at www.sbcounty.gov/cob are non-refundable. Make checks payable to Clerk of the Board.

Renewal Fee	Date Received: _____	Accepted By: _____
	Receipt #: _____	Deputy Clerk of the Board of Supervisors