



**CITY OF ELKO
 TEMPORARY SEXUAL ORIENTED BUSINESS LICENSE
 APPLICATION
 1751 COLLEGE AVE.
 ELKO, NV 89801
 PHONE: (775)-777-7138 FAX: (775)-777-7129
 EMAIL: buslic@elkocitynv.gov**

Pursuant to Elko City Ordinance #440, the undersigned hereby applies for a temporary business license to hold an accessory sexually oriented event/activity.

Type of Event: _____

Name of Event: _____

Organizer/Sponsor _____

Location of Event _____

Will any portion of this event be held outdoors? _____ If so please explain _____

Start Time of Event _____ End Time _____

Commencing on the _____ day of _____, 20____ thru the _____ day of _____, 20____.

Total number of days: _____

Said activity or event shall be limited to no more than ten (10) consecutive days taking place at a minimum thirty (30) day intervals following a similar activity or event and such activities or events occurring no more than four (4) times within a calendar year.

Fees: \$60.00 per event

Total fee paid: _____

Under penalties of perjury, the undersigned declares that he/she is the applicant/authorized agent of the applicant in the foregoing application for license and knows the contents thereof; that those items contained in the application are true of his/her own knowledge except as to those matters stated on information and belief and as to such matters he/she believes it to be true.

 Signature of Applicant/Agent

 Mailing Address
 Phone Number _____

APPROVED BY:

FIRE DEPARTMENT: _____ DATE _____
 775-777-7352

BUILDING INSPECTOR: _____ DATE _____
 775-777-7220

CHIEF OF POLICE: _____ DATE _____
 775-777-7310

*Please provide a sketch or diagram showing configuration of premises including floor space occupied.