



## CITY OF WINTER PARK

DATE: \_\_\_\_\_

**I. THIS APPLICATION IS FOR: (Check Only One)**

- A. \_\_\_\_\_ A new license, or  
B. \_\_\_\_\_ Transfer of an existing license to the Applicant  
from the current Licensee:

Name: \_\_\_\_\_

License # \_\_\_\_\_

**II. CLASSIFICATION OF LICENSE BEING APPLIED FOR:  
This application is for a license in the single classification of: (Check Only One)**

- A. \_\_\_\_\_ Adult Bookstore,  
B. \_\_\_\_\_ Adult Motel,  
C. \_\_\_\_\_ Adult Performance Establishment,  
D. \_\_\_\_\_ Adult Theater,  
E. \_\_\_\_\_ Escort Service, (or)  
F. \_\_\_\_\_ Physical Contact Parlor.

**III. APPLICANT:**

- A. This application is for a License to be issued to (Check Only One)

- 1 \_\_\_\_\_ An individual Person  
2 \_\_\_\_\_ A Partnership  
3 \_\_\_\_\_ A Corporation

- B. Applicant's Full Legal Name:

\_\_\_\_\_

- C. Applicant's Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. ESTABLISHMENT INFORMATION:**

- A. Name of the Proposed Establishment:

\_\_\_\_\_

B. Is the Name of the Proposed Establishment a "Fictitious Name" under Section 865.09, Florida Statute?

\_\_\_\_\_ YES  
\_\_\_\_\_ NO

C. If "Yes," state the County of Registration:

\_\_\_\_\_

D. Street Address and Legal Description of the Proposed Establishment:

\_\_\_\_\_  
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**Contact Information:**

**Vickie Shular, Community Redevelopment Coordinator**

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**Email: [vshular@cityofwinterpark.org](mailto:vshular@cityofwinterpark.org)**