



Pierce County Business Licensing
 2401 South 35th St, Rm 200
 Tacoma, Washington 98409-7484
 (253)798-7445 | (253)798-2623 fax
 www.piercecountyauditor.org

Date _____
 Fee _____
 Receipt _____
 License No. _____
 New _____
 Renewal _____

Application for an Erotic Dance Studio License

Business Information:

Name _____

DBA _____

Address _____

Phone Number _____ Alternate Phone _____

Location of Erotic Dance Studio _____

Agent Information:

Name _____
First Middle Last

Address _____

Phone Number _____ Occupation _____

Date of Birth _____

Description of the nature of the business: _____

Is the business or proposed business a:

Sole Proprietorship Partnership Corporation

Complete the appropriate appendix based on the type of business.

Provide the following information for every person, partnership, or corporation having any interest in the real or personal property utilized by the business or proposed business.

Name _____

Address _____

Phone Number _____ Occupation _____

Name _____

Address _____

Phone Number _____ Occupation _____

I declare, under the penalty of perjury, that the foregoing information is true and correct to the best of my knowledge and belief. I have also read and understand PCC 5.14 pertaining to the type of business for which I am applying.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the State of Washington
residing at _____, _____ County, WA.

FOR OFFICIAL USE ONLY	
PALS Permit Approval?	<input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
Pierce County Sheriff Reviewed by _____	<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Recommend Denial Comments: _____