

SEXUALLY ORIENTED BUSINESS TRANSFER APPLICATION



Date of Application: _____

Applicant Name: _____

Enterprise Name: _____

Enterprise Address: _____

I, _____, represent that I have read the City of Houston ordinance governing the operation of sexually oriented businesses and have personal knowledge of all the statements made in the original application for permit # _____, and that all of the same is true and correct except for the following amendments:

(List previous names and new names and contact information as well as other requested changes for permit. Certified documents must accompany application when applicable)

Intended Owner / Operator / Applicant