



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

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 \_\_\_\_\_

BUILDING INSPECTOR: \_\_\_\_\_ DATE \_\_\_\_\_

CHIEF OF POLICE: \_\_\_\_\_ DATE \_\_\_\_\_

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