



# SEXUALLY ORIENTED BUSINESS TRANSFER APPLICATION

Cost:

The current calendar year Permit Transfer and Administrative fees.

Application Date: \_\_\_\_\_ E-mail Address \_\_\_\_\_

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)

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Intended Owner / Operator / Applicant