

SHREVEPORT POLICE DEPARTMENT Sexually Oriented Business

SOB Employee Card Application

SOB OFFICE USE ONLY

Date of Application _____



APPLICATION MUST BE FILLED OUT COMPLETELY

Name: Last	First			MI Phone #		
Address	City			StateZIP		
Mailing Address (If different)		City	S	tateZIP		
Alias or other names used in the preceding five (5) years						
PERSONAL INFORMATION:						
Sex	Race	Eyes	Hair	Right/Lef	t thumb print only	
Female Male	Asian Black Hispanic Indian White Other	Black Blue Brown Green Hazel Grey	Black Blonde Brown Grey Red Bald			
Height Date Of Birth/ Age Place of Birth						
Drivers License or ID NumberStateS.S. # Are you a natural born citizen of the United States Y N.? If not, in addition to all other required documents, you are required to have either a valid passport, US Naturalization Certificate or a Consular Report of Birth Abroad FS-240. All applicants are required to have a valid social security card regardless of citizenship status.						
EMPLOYMENT INFORMATION: (Where SOB Card will be used)						
Name of Business				Phone Number		
Address			Your Position			

Specified criminal activity means any of the following offenses:

- (1) La. R.S. 14:41-43.5 (rape and sexual battery offenses); La. R.S. 14:80-81.2 (sexual offenses affecting minors); La. R.S. 14:82-86 (offenses concerning prostitution); La. R.S. 14:104-6.1 (offenses concerning disorderly places and obscenity); La. R.S. 14: 281-284 (operating places of prostitution, voyeurism); La. R.S. 40:961, et seq. (Uniform Controlled Dangerous Substances Law); engaging in organized criminal activity relating to a sexually oriented business, specifically La. R.S. 14:230 (money laundering) La. R.S. 33:2845 (tax evasion); criminal attempt, conspiracy or solicitation to commit any of the foregoing offenses; or offenses in other jurisdictions that, if the acts would have been committed in Louisiana, would have constituted any of the foregoing offenses; for which
- a. Less than two years have elapsed since the date of conviction or the date of release from confinement imposed for the conviction, whichever is the later date, if the conviction is of a misdemeanor offense;
- b. Less than five years have elapsed since the date of conviction or the date of release from confinement for the conviction, whichever is the later date, if the conviction is of a felony offense; or
- c. Less than five years have elapsed since the date of the last conviction or the date of release from confinement for the last conviction, whichever is the later date, if the convictions are of two or more misdemeanor offenses or combination of misdemeanor offenses occurring within any 24-month period on.
 - (2) The fact that a conviction is being appealed shall have no effect on the disqualification of the applicant.

1. Have you been convicted or plead guilty or nolo contendere (no contender the Shreveport Code of Ordinance within the in the past five (5) years? APPLICABLE CONVICTIONS MUST BE LISTED. Check all block	If so, fill out the appropriate sections below. ALL					
Arrested by: (Agency name)	_Charge(s)					
Conviction Type: Misdemeanor I	Felony Both					
Conviction Date: Results: Jail Fine	Probation Community Service Other: Explain					
Arrested by: (Agency name)	Charge(s)					
Conviction Type: Misdemeanor I	Felony Both					
Conviction Date: Results: Jail Fine	Probation Community Service Other: Explain					
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Conviction Type: Misdemeanor I	Felony Both					
Conviction Date: Results: Jail Fine	Probation Community Service Other: Explain					
Arrested by: (Agency name)	Charge(s)					
Conviction Type: Misdemeanor I	Felony Both					
Conviction Date: Results: Jail Fine	Probation Community Service Other: Explain					
2. Have you had a license, permit or card to be an employee of a Sexually Oriented Business issued by the United States, any state, or by any political subdivision of any state, authorized to issue permits or licenses, revoked within two years prior to the application, or been convicted or had a of court rendered against him involving violation of Sexually Oriented Business ordinances by this or any other state or local government or by the United States within one year prior to the application? If so, explain:						
!!!!!READ CAREFULLY BEFORE SIGNING!!!!						
APPLICANT CERTIFICATION This is to certify that I understand that any misstatement or suppression of fact in this application or violation of any requirement set forth in the Sexually Oriented Business Ordinance is grounds for the denial of this request for a Sexually Oriented Business Employee Card. I verify I have read the Specified Criminal information sheet and listed all applicable arrests on this application. I also understand that I will be fingerprinted and checked for possible criminal history and any outstanding arrest warrants. With this knowledge, I certify I have read each question contained on this application and the answers which I have given are true and correct to the best of my knowledge. My signature below indicates I have listed all convictions as required on this application.						
Signature Date: <u>AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION</u>						
By signing above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. DPSSP6696 Revised 08/2013						
	This form approved by the Chief of Police					