

Application Number: \_\_\_\_\_  
Amount of Fee Paid: \_\_\_\_\_  
Date Filed: \_\_\_\_\_

Town of Allenstown, NH  
16 School Street  
Allenstown, NH 03275  
485-4276, Fax 485-8669

**Board of Selectmen  
Adult Business Employment License**

**NOTE TO APPLICANT: This license is NOT transferable and MUST be renewed annually. Any other applicable Town requirements must also be met by the business/applicant. ALL APPLICATIONS ARE TO BE SUBMITTED ELECTRONICALLY TO: ADMIN@ALLENSTOWNNH.GOV**

Please type or Print

1. Please indicate if this is an INITIAL APPLICATION or a RENEWAL APPLICATION:

\_\_\_\_\_

2. Applicant's Name(s), to include Stage Name(s):

\_\_\_\_\_  
\_\_\_\_\_

3. Applicant's Age, date/place of Birth:

\_\_\_\_\_  
\_\_\_\_\_

4. Applicant's Address (mailing AND residential):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Applicant's Phone Number(s):

\_\_\_\_\_

6. Applicant's Height, Weight, Hair and Eye Color:

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7. Applicant's present business address and phone number:

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\_\_\_\_\_

8. Drivers License number, Date of expiration, and State of issuance:

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9. Applicant's social security number:

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10. Proof that Applicant is at least 21 years of age:

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11. Current photograph of Applicant:

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12. Finger prints submitted to Allentown Police Department:

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13. Statement of Adult Business License history per Section IV.G.b of the Allentown Adult Business Ordinance:

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14. Statement of criminal activity per Section IV.G.c of Allentown Adult Business Ordinance:

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15. Certified copy of criminal records check from State of New Hampshire AND other states where applicant has been charged with a criminal offense:

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**Please Answer the Following** (use additional sheets as needed)

16. Have you ever been convicted of a “specified criminal activity” per this ordinance? If so, please indicate what the INDIVIDUAL infraction(s) was/were, when they happened, the jurisdiction they occurred in, and the date for EACH:

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17. Do you hold an adult business license, or similar, in another community? If so, list what community it is in, when the license was received and when it expires and the name of the business:

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**Application Fee Amount**

18. Fee for an INITIAL application will be \$500.

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19. Fee for a RENEWAL application will be \$250.

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**Signatures and Acknowledgment of Instructions**

I have read and understand the Allentown Adult Business Ordinance.

I attest that the information that I have provided in this application is true, to the best of my knowledge.

I understand that all fees and all other information required must be submitted prior to this application being considered complete. Failure to submit all necessary information may result in denial of the application.

I understand that it is necessary for the applicant to appear at the public hearing.

Note to Applicant: Include NOTARIZED signature.

Applicant's Signature:

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Applicant's (Print Name)

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Notary Public Certification:

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SEAL