

TO BE COMPLETED BY PDD:

Property Folio #	PDD Phone: 813-274-3100, Option 2 _ Approved _ Disapproved	PDD Signature	Date
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 <p>BATHHOUSE PERMIT APPLICATION</p> <p>Applicable Application fee(s) must accompany this form</p>	<p>FOR OFFICE USE ONLY</p> <p>BOP#: _____</p> <p>TR Control #: _____</p> <p>Paid Date: _____</p>	<p>Date Rec'd:</p>
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- f* Read instructions before making any entries on this form.
 - f* **Failure to complete this form in its entirety may result in denial.**
 - f* Print or type legibly using black ink.
 - f* If allotted space is insufficient for your responses, use a separate sheet of paper, referencing your response with the question number.
- Review all responses for accuracy and **submit application via the City of Tampa Online Permitting System: <https://aca.tampagov.net/citizenaccess/>**

1. Business Name

2. Mailing Address (include Zip Code)	3. Street Address of Business (include Zip Code)
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4. Telephone Number(s): Business: _____ Residence: _____ Cell: _____

5. List names, sex, race, and date of birth of all officers, directors, stock holders, managers, operators, and employees. If additional space is required, use a separate sheet. Per Sec. 6-159.1 (a)(6), identify all individuals that will hold the Position of Bathhouse Manager, Assistant Bathhouse Manager, and Bathhouse Technician.

Last	First	MI	Sex	Race	SS#	Date of Birth	Position

6. Criminal History: Has the applicant (if a Corporation, its directors, stockholders or officers), employees or operators ever been convicted of any crime of dishonesty or relating to kidnapping; human trafficking; battery or sexual battery; lewdness, assignation, prostitution or sexual misconduct; obstruction of justice; false imprisonment; luring or enticing a child; human smuggling; lewd or lascivious conduct; computer pornography; or, abuse of children (Sec. 6-159.1 (a)(1))?

Convicted: Yes No

7. Property Owner [name(s)]: _____
Mailing Address: _____

Is the Property Owner the same as the Business Owner? ___ Yes ___ No
 If **No**, per Sec. 6-159.1 (a)(5), has a valid & current written lease for the business been attached to this application? ___ Yes ___ No

8. Designated Individual: Per Sec. 6-159.1 (a)(5), the Designated Individual for the property owner, who can be immediately contacted for service of a notice of violation:

Name:	Phone Number:
Mailing Address:	Email Address:

13. Acknowledgements - The Applicant and the Property Owner understand and adhere to the following:

- a) Per Sec. 6-159.1 (a)(3) the operation of a bathhouse shall meet and adhere to the minimum standards set forth in Section 6-162 of the City of Tampa Code of Ordinances (and attached herein);
- b) Per Sec. 6-159.1 (a)(4) and Sec. 6-159.1 (a)(5), no bathhouse, within the City of Tampa, shall be open for any business transaction whatsoever, between the hours of 10:00 p.m. and 6:00 p.m., on any day of the week;
- c) Per Sec. 6-159.1 (a)(5) the bathhouse has a designated permit area and will post permits for the bathhouse and any applicable bath technician permits;
- d) Per Sec. 6-159.1 (a)(5) the bathhouse has at least one (1) designated bathhouse manager.
- e) Per Sec. 6-159.1 (a)(6) a designated bathhouse manager shall remain on the premises of the bathhouse during all hours of operation;
- f) Per Sec. 6-159.1 (a)(6) the designated bathhouse manager shall be considered an “operator” and is jointly and severally liable;

I acknowledge that I have read this application in its entirety and understand and agree that the provision of false information herein shall constitute grounds for denial of any permit issued pursuant hereto.

Oath: *I, the undersigned, do swear and affirm that the foregoing statements are true and correct.*

<i>Business Owner's Signature</i>	<i>Property Owner's Signature (if different from Business Owner)</i>
<i>Bathhouse Manager's Signature (if different from Business Owner)</i>	<i>Bathhouse Manager's Signature (if needed)</i>

INFORMATIONAL

The *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Social Security numbers for all persons are required in order for the Tampa Police Department to conduct the required positive identification background checks pursuant to the requirements of Chapter 6, of the Code of Municipal Ordinances, of the City of Tampa, Florida.

Additionally, this application is subject to the Florida Public Records Law 119.071 F.S. with the exception that social security numbers will be withheld from public inspection and copying pursuant to the exemption found in 119.071(5)(5) F.S.

If any person listed desires to assert further 119.071 F. S. exemptions, they must do so by contacting Planning & Urban Design Division, City of Tampa, Florida, 1400 N. Boulevard, Tampa, Florida 33607, (813) 274-3100, Option 4.