



MASSAGE PARLOR LICENSE

Lakewood Civic Center

Each individual applicant, partner of a partnership, officer, director, and holder of over ten percent of the corporate stock of the corporate applicant, and all managers of a proposed massage parlor shall be <u>named</u> in the application.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Partnership agreement (if applicable)
- Certificate of correct zoning
- Proof of applicant's right to possession of premises
- Plan and specifications for the premises
- Certificate of Good Standing as evidence that the corporation is in good standing under the statutes of the State of Colorado (if applicable)
- For Foreign corporations, evidence of authorization to do business in the State of Colorado
- Neighborhood Survery

FEES REQUIRED FOR INITIAL APPLICATION

- \$150.00 application fee
- \$350.00 licensing fee

TERMS OF LICENSE

All massage parlor licenses are issued on an annual basis. Each license expires on December 31st of the calendar year for which the license is issued. The renewal of an existing license may be granted with payment of the annual licensing fee and the filing of a completed renewal application.

If you have any questions regarding Massage Parlors, please call the City Clerk's Office at 303-987-7080.

CITY OF LAKEWOOD

City Clerk's Office Lakewood Civic Center 480 S. Allison Pkwy. Lakewood, CO 80226-3127 Phone: 303-987-7080 Fax: 303-987-7088

TDD: 303-987-7057

CITY OF LAKEWOOD, COLORADO MASSAGE PARLOR APPLICATION

1.	Name of business:				
2.	2. Address of business:				
3. Business telephone:					
4.	Applicant is a: Sole Proprietorship Partnership Corporation Limited Liability Company				
so	LE PROPRIETORSHIP INFORMATION				
5.	If sole proprietorship, list name and address of proprietor:				
	RTNERSHIP INFORMATION				
6.	If partnership, list names and addresses of partners:				
LIN	NITED LIABILITY INFORMATION				
7.	If limited liability company, list names and addresses of members:				
СО	RPORATION INFORMATION				
8.	If corporation, list name:				
9.	If corporation, list names and addresses:				
	President				
	Vice-President				
	Treasurer				
	Secretary				

	Name Address	Position
	If stock is pledged, state name and address of person or entity to whom space is needed, use separate sheet. Attach copies of articles of incor the State of Colorado. (If new corporation, attach certificate and article	poration and certificate of good standing fr
	List any other persons who have a direct or indirect financial interest in interest:	this business and the percentage of their
	Manager's name, address and phone number: Has the applicant, LLC member, partner, officer, director, or stockholder.	
	() Yes () No If yes, complete the following. Name of licensee:	
	Relationship to the applicant: Dates license was held:	
	City and State where the licenses was held:	
15.	Has the applicant, LLC member, partner, officer, director, or stockholde license?	er ever been denied a massage parlor
	() Yes () No If yes complete the following:	
	Name of person denied a license:	
	Relationship to the applicant:	
	Date of denial:	
	City and State where the licenses was denied:	
	Reason for denial:	

16.	. Has the applicant, LLC member, partner, officer, director, or stockholder ever had a massage parlor license suspended or revoked?			
	() Yes () No If yes, complete the following:			
	Name of person with suspended or revoked license:			
	Relationship to this applicant:			
	Dates of suspension or revocation:			
	City and State of suspension or revocation:			
	Reason for suspension or revocation:			
	ANCIAL INFORMATION Cash to be invested:			
	By Whom Bank & Account # Amount-Source Purpose			
18.	Complete the following on all business loans obtained. Attach copies of loan agreements By Whom Bank & Account # Amount-Source Purpose			
19.	List account name, bank, bank address, account number, and the names of all authorized signatories on all business accounts:			
	Is there a written management agreement: () Yes () No Is there a written partnership agreement? () Yes () No			

plete	PROPERTY INFORMATION					
incorr	22. Is the building owned or leased?					
gible and/or	23.	23. Name and address of the owner of the building in which the premises is located:				
ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected		24. Is the land owned or leased?				
ORMATIC	26. Attach a copy of deed, lease, or other document showing applicants right to possession of premises.					
ALL INF	27. /	Attach a copy of plans and specifications.				
	state	ements made herein are to the best of my knowledge ication or misrepresentation is a crime and will resul	e, that this application has been examined be me that the e and belief, are true, correct and complete. I understand that any lit in denial of this application or revocation of the license. Applicant Title Date , 20by Notary Public Address My Commission Expires			