CITY OF LAKEWOOD, COLORADO ADULT BUSINESS ENTERTAINER APPLICATION

Each entertainer working in an adult business shall complete an entertainer application.

ALL INFORMATION MUST BE TYPED OR HAND PRINTED IN BLACK INK PLEASE SUBMIT APPLICATION IN DUPLICATE FINGERPRINTING - CITY OF LAKEWOOD POLICE DEPARTMENT

All in-state applicants shall have their fingerprints taken by the Lakewood Police Department during the days and times listed below.

Tuesday, 8:00 a.m. to 9:30 a.m. Wednesday, 11:30 a.m. to 1:00 p.m.

REQUIRED FEES

- ! \$38.50 nonrefundable investigation fee
- ! \$25.00 nonrefundable application processing fee

If you have any questions regarding Adult Business Licenses, please call the City

Clerk's Office at 303-987-7080.

Lakewood City Clerk's Office

CITY OF LAKEWOOD, COLORADO ADULT BUSINESS LICENSE ENTERTAINER APPLICATION

This document provides basic information that is necessary for the licensing authority's investigation. ALL questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.

PERSONAL INFORMATION

1.	Your name:			
	Last Name		First Name	Middle Initial
2.	Other names used (inclu	ıde stage name): _		
3.	Home Address: Street Nar	 ne	City & State	Zip Code
4.	Home Phone: (Area Code)		_	
5.	Date of Birth:	6.	Place of birth:	
7.	Driver's License No.:		8. State Issuing Driver	's License:
9.	Social Security No.:		10. Height:	
11.	Weight:		12. Hair Color:	
13.	Eye Color:			
EMPL	OYMENT HISTORY			
14.	Where are you currently	working or intend	to work?	
	Business Name		Complete Business Address	Telephone No.
	Buomoco numo		et name, City, State, and Zip Code	Totophono Not

Business Name	Complete Business Address	Nature of Action	[
	(Street name, City, State, and Zip Code		
List all entertainer licens	ses/permits you have held in the last five	years.	
		•	
License/Permit No.	City and State of Issuance	Date	
	-		
ITIONAL BACKGROUNI	DINFORMATION		
		ned in the ordinance? Y	
Have you ever been con	nvicted of a specified criminal act, as defi	ned in the ordinance?	
	nvicted of a specified criminal act, as defi	ned in the ordinance?	
Have you ever been con	nvicted of a specified criminal act, as defi	ned in the ordinance?	
Have you ever been con	nvicted of a specified criminal act, as defi	ned in the ordinance?	
Have you ever been con	nvicted of a specified criminal act, as defi		
If yes, complete the tab	nvicted of a specified criminal act, as defi		ction

I certify that the information contained in this Background Investigation Report and all attachments hereto is true and complete. I understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license.					
I understand that I have a continuing obligation to profingerprinted and photographed. Should an answer of 303-987-7080.			be		
Applicant's Signature		Date			
Subscribed and sworn to before me this	day of	, 20			
Notary Public					

My Commission Expires:

City Clerk's Office – Referral (************************************	to Police Department – Date
	BELOW FOR POLICE USE ONLY
**************************************	***********
() Photographs	Ву:
() Fingerprints	Date:
LPD Identification No.:	************
Investigation Division:	Date Requested:
Criminal History	
() Yes () Yes	 () No – Criminal Record, NCIC () No – Criminal Record, FBI (Letter mailed) By:
() Yes () Yes () Yes () Yes () Yes	 () No – Criminal Record, Lakewood Police Dept. () No – Criminal Record, Jeffco Sheriff's Dept. () No – Criminal Record, CBI (CCIC) () No – Criminal Record, () No – Criminal Record,
Background Summary:	
Memorandum Completed: By:	() Yes () No Date:

Intelligence Division:

Recommendation:

() Approval

() No Recommendation

() Denial

Date:___

CITY OF LAKEWOOD, COLORADO ADULT BUSINESS LICENSE INDIVIDUAL PACKET

Lakewood Municipal Code requires, as part of the Adult Business Application, each individual applicant, partner of a partnership, officer or director of a corporation, manager of a limited liability company, and all business managers to provide personal history information that will be used to conduct a background investigation.

This packet includes:

! Background Investigation Report

FINGERPRINTING IS CONDUCTED ONLY DURING THE FOLLOWING SPECIFIED TIMES:

Tuesday, 8:00 a.m. to 9:30 a.m. Wednesday, 11:30 a.m. to 1:00 p.m.

REQUIRED FEES

! \$38.50 nonrefundable investigation fee for each person involved in the license

Out of state residents may handle fingerprint/photograph requirements by mail, using special packets available from the City Clerk's Office.

ALL FORMS AND SUPPORTING DOCUMENTS MUT BE SUBMITTED IN DUPLICATE

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

Lakewood City Clerk's Office

CITY OF LAKEWOOD, COLORADO BACKGROUND INVESTIGATION REPORT FOR INDIVIDUALS INVOLVED WITH ADULT BUSINESS LICENSES

This document provides basic information that is necessary for the licensing authority's investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.**

1.	Name of applicant:		
2.	Trade Name:		
3.	Business address: Street name	City & State	Zip Code
4.	Business Phone:		
PER	SONAL INFORMATION		
5.	Your name:	First Name	Middle Initial
6.	Other names used:		
7.	Home Address:Street Name	City & State	Zip Code
8.	Home Phone: (Area Code)		
9.	Date of Birth:	10. Place of Birth:	
11.	Driver's License No.:	12. State Issuing Driver's License:	
13.	Social Security No.	14. Height:15. Weigl	nt:
16	Evo Color: 17	7 Hair Color:	

EMPLOYMENT HISTORY

Business Name	Complete Business A		
	(Street name, City, State, al	nd Zip Code	
Have you previou	sly had an adult business license suspende	·	oublic nu
	If ves, complete the following table bel	low.	
	If yes, complete the following table bel		
	Complete Business Address (Street name, City, State, and Zip Code	Nature of Action	
	Complete Business Address	Nature of Action	
	Complete Business Address	Nature of Action	
Business Name Have you been a company of an accompany of acco	Complete Business Address (Street name, City, State, and Zip Code partner in a partnership, an officer of a corpult business whose license has previously	Poration, or manager of a lind been denied, suspended, r	evoked,
Business Name Have you been a company of an accompany of acco	Complete Business Address (Street name, City, State, and Zip Code partner in a partnership, an officer of a corpult business whose license has previously	Nature of Action	evoked,

	Business Name		Complete Business	Address
	Dusiness Nume	(Str	eet name, City, State,	
ADDI	FIONAL BACKGROUND INFO	RMATION		
20	Llove vev ever been convicted	l of a an acifical arise in all act		e ordinance?
22.	Have you ever been convicted	i or a specified criminal act,	as defined in the	e ordinance? Life Life
	If yes, complete the table below	W.		
	Offense	Location		Dates of Conviction
	y that the information contained in this			
	stand that any misrepresentation, falsifi license.	cation, or omission may result in	the rejection of this a	application or suspension/revocat
	rstand that I have a continuing obligation of the continuing obligation is standard and photographed. Should an a			
	37-7080.	3 /		•
303-98	int's Signature		Date	
Applica				
Applica	nnt's Signature ribed and sworn to before me this	day of		
Applica		day of		
Applica	ribed and sworn to before me this	day of		

**	***				epartment – Date
()	Photographs			Ву:
()	Fingerprints			Date:
LF	D Id	lentification No			
**	***	*******	******	***	**********
Investigation Division:					Date Received:
Cr	imin	al History			
()	Yes	()	No – Criminal Record, NCIC
()	Yes	()	No – Criminal Record, CCIC
()	Yes	()	No - Criminal Record, Lakewood Police Department
()	Yes	()	No - Criminal Record, Jeffco Sheriff's Office
()	Yes	()	No – Criminal Record,
()	Yes	()	No – Criminal Record,
		randum Completed: (() No
By	,·				Date:
	•	Investigator			
		Reviewing Supervis	sor		Date:
**	***	******	:*****	***	**********
Re	com	mendation:			
() A	approval () No Re	com	mendation () Disapproval
	wost:	gation Division			Date: