

**CITY OF LAKEWOOD, COLORADO
REPORT OF CHANGES TO AN ADULT BUSINESS LICENSE**

Any change in the partners of a partnership, officers, or directors of a corporation, manager of a limited liability company must be reported to the Lakewood City Clerk's Office within 30 days of such change. Any such change shall be reported on forms provided by the City Clerk.

In the event a licensee changes the manager of an adult business, the licensee shall immediately report such change and register the new manager within 10 days.

This packet includes:

! Adult Business License Report of Changes

Fees:

- ! \$75.00 Manager's Registration Fee
- ! \$16.50 Fingerprinting Fee
- ! \$100.00 Change in Corporate Structure
- ! \$25.00 Change in Trade Name

FINGERPRINTING - CITY OF LAKEWOOD POLICE DEPARTMENT

When completed applications are received in the City Clerk's Office, each new individual is referred to the Lakewood Police Department for fingerprinting.

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

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

480 South Allison Parkway, Lakewood, CO 80227-3127 ☐ (303) 987-7080

****Alternative formats of this document are available upon request.****

CITY OF LAKEWOOD ADULT BUSINESS LICENSE Report of Changes

Use this form to report changes in corporate structure, partnerships, limited liability membership, trade name, and managers. **ALL** questions must be answered in their entirety.

1. Name of applicant: _____

2. Applicant is a: Limited Liability Company Corporation
 Partnership Sole Proprietorship

3. Trade Name: _____

4. Business address: _____
Street Name
City & State
Zip Code

5. Mailing address: _____
Street Name
City & State
Zip Code

6. Business Phone: _____

TO REPORT CHANGES IN PARTNERSHIPS, CORPORATE STRUCTURE, AND LIMITED LIABILITY COMPANIES, COMPLETE QUESTION 7.

7. List all officers, directors (corporation), managing members (LLC), or partners (attach a current Certificate of Good Standing)

Position Held	Names of all Directors, Officers, Managing Members, or partners	Complete Home Address (Street name, City, State, and Zip Code)	DOB	Replaces

TO REPORT TRADE OR CORPORATE NAME, COMPLETE QUESTION 8.

8. Change of Trade Name of Corporation Name
 Trade/dba Name Change only
 Corporate Name Change (Attach a Certificate of Amendment from Colorado Secretary of State)

Old Name	New Name
----------	----------

TO REGISTER A MANAGER OR REPORT A MANAGER CHANGE, COMPLETE QUESTION 9.

9 (a) Former manager's name _____

(b) New Manager's name _____

** Attach a Background Investigation Report for Managers)

I certify that all of the information contained in this document and all attachments hereto is true and complete. I understand that any misrepresentation, falsification, or omission may result in the suspension/revocation of the license.

I understand that there is a continuing obligation to provide updated information to the City. Should an answer change, or new information becomes available, the City must be contacted at 303-987-7080.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

**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 MUST 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

480 South Allison Parkway, Lakewood, CO 80226-3127 (303) 987-7080

****Alternative formats of this document are available upon request.****

**CITY OF LAKEWOOD, COLORADO
ADULT BUSINESS LICENSE
INDIVIDUAL PACKET FOR OUT OF STATE RESIDENTS**

Each individual applicant, partner of a partnership, officer, or director of a corporation, manager of a limited liability company shall complete an individual application.

This packet includes:

- ! Background Investigation Report
- ! Fingerprint Notification Form
- ! Three City of Lakewood Fingerprint Cards

FINGERPRINTS AND PHOTOGRAPHS

Fingerprints and photographs required from individuals who reside out-of-state can be obtained from their local police department.

Fingerprints **MUST** be made on City of Lakewood Police Department applicant cards **ONLY**. To ensure the highest quality, we recommend fingerprinting be done only by a qualified law enforcement agency. To receive applicant cards please contact the Adult Business Licensing Specialist at 303-987-7080.

Submit two front-facing standard passport photos, in black and white or high contrast color, not to exceed 2" x 2" in overall dimensions.

ALL INFORMATION MUST BE TYPEWRITTEN OR HAND PRINTED IN BLACK INK

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

480 South Allison Parkway, Lakewood, CO 80226-3127 ☎ (303) 987-7080

Alternative formats of this document are available upon request.

**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 nameCity & StateZip Code
- 4. Business Phone: _____

PERSONAL INFORMATION

- 5. Your name: _____

Last NameFirst NameMiddle Initial
- 6. Other names used: _____
- 7. Home Address: _____

Street NameCity & StateZip 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. Weight: _____
- 16. Eye Color: _____ 17. Hair Color: _____

EMPLOYMENT HISTORY

18. Have you ever operated or been employed at an unlicensed adult business? Y N

If yes, give business name, business address, and date of operation/employment.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)	Date

19. Have you previously had an adult business license suspended, revoked, or declared a public nuisance? Y N If yes, complete the following table below.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)	Nature of Action	Date

20. Have you been a partner in a partnership, an officer of a corporation, or manager of a limited liability company of an adult business whose license has previously been denied, suspended, revoked, or declared a public nuisance? Y N If yes, complete the following table below.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)	Nature of Action	Date

21. List all adult businesses for which you currently have a license under this ordinance or similar adult business ordinance from another city or county.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)

ADDITIONAL BACKGROUND INFORMATION

22. Have you ever been convicted of a specified criminal act, as defined in the ordinance? Y N

If yes, complete the table below.

Offense	Location	Dates of Conviction

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 provide updated information to the City. I further understand that I will need to be fingerprinted and photographed. Should an answer change, or new information becomes available, I will contact the City at 303-987-7080.

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 _____

Criminalistics:

() Photographs By: _____

() Fingerprints Date: _____

LPD Identification No. _____

Investigation Division: Date Received: _____

Criminal 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, _____

Background Summary: _____

Memorandum Completed: () Yes () No

By: _____ Date: _____
Investigator

_____ Date: _____
Reviewing Supervisor

Recommendation:

- () Approval () No Recommendation () Disapproval

_____ Date: _____
Investigation Division