



**CITY OF LAKEWOOD**

# **MESSAGE PARLOR LICENSE BACKGROUND INVESTIGATION REPORT**

## Lakewood Civic Center

Each individual applicant, partner of a partnership, officer, director, or stockholder of a corporation, member of a limited liability company, and all business managers of a proposed massage parlor shall complete a Background Investigation Report.

Each employee of a proposed massage parlor who is not named in the application shall complete a Background Investigation Report.

### FINGERPRINTING AND PHOTOGRAPHS

Each applicant shall submit fingerprints and photographs. All in-state persons shall have their fingerprints taken by the Lakewood Police Department. Please call 303-987-7022 for fingerprinting hours.

Out-of-State residents may comply with fingerprint/photograph requirements by mail, using packets provided by the City Clerk's Office. Request on "out-of-state" packet.

### FEES REQUIRED FOR INITIAL APPLICATION

- \$38.50 Fingerprinting
- \$50.00 Identity Card

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 BACKGROUND INVESTIGATION REPORT

## GENERAL INFORMATION

1. Business Name: \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Name: \_\_\_\_\_
4. Home Address: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_
6. Other Names Used: \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_
8. Place of birth: \_\_\_\_\_
9. Sex: \_\_\_\_\_
10. Race: \_\_\_\_\_
11. Eye Color: \_\_\_\_\_
12. Height: \_\_\_\_\_
13. Weight: \_\_\_\_\_
14. Hair Color: \_\_\_\_\_
15. Social Security No: \_\_\_\_\_
16. Driver's License No: \_\_\_\_\_
17. State Issuing Driver's License: \_\_\_\_\_
18. Has your driver's license ever been revoked or suspended? \_\_\_\_\_ If yes, please detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CITIZENSHIP

19. U.S. Citizen?    (    ) Yes    (    ) No
20. Naturalization No: \_\_\_\_\_
21. Alien Registration No: \_\_\_\_\_
22. Permanent Residence No: \_\_\_\_\_

## RESIDENCES

23. Addresses for past five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
24. List all states of residence (including military service): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

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25. Is your current residence owned or rented? \_\_\_\_\_

26. If rented, name and address of landlord: \_\_\_\_\_

27. Name and address of mortgagor, if any: \_\_\_\_\_

28. List addresses of all real property owned by you or your spouse, percentage of ownership, current market value, and annual taxation.

**EMPLOYMENT**

29. Name of present employer: \_\_\_\_\_

30. Type of business: \_\_\_\_\_

31. Business address: \_\_\_\_\_

32. Business telephone: \_\_\_\_\_ 33. Length of employment: \_\_\_\_\_

34. Employment for last ten years:

Business

Address

Position

Dates

35. Have you ever been discharged from a position? \_\_\_\_\_ If yes, please detail: \_\_\_\_\_

**FAMILY HISTORY**

36. Mother's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

37. Father's Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

38. Maiden name of spouse of applicant: \_\_\_\_\_

39. Spouse's full name: \_\_\_\_\_

40. Spouse's employer: \_\_\_\_\_

41. Names, addresses and places of birth of all children.

Full Name

Address

Place and Date of Birth

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**EDUCATIONAL HISTORY**

42. Schools Attended    Address    Years Attended    Degree or Diploma

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**MILITARY SERVICE**

43. Branch of military: \_\_\_\_\_

44. Years of service: \_\_\_\_\_

45. Date of discharge: \_\_\_\_\_    Type of discharge: \_\_\_\_\_

46. Military service no: \_\_\_\_\_

**FINANCIAL**

47. Bank and credit accounts of applicant and spouse.

Name    Address    Type of Account/Number

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48. List all outstanding loans.

Name    Address    Type of Loan/Lender

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**REFERENCES**

49. List three professional references:

Name    Address/Phone    Years Known/Occupation

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50. List three personal references:

Name    Address/Phone    Years Known/Occupation

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I certify the information contained in the Background Investigation Report, and all attachments hereto, is true and complete, and I understand that any misrepresentation or falsification may result in the rejection of this application or suspension/revocation of the license. I consent to the release of all financial information relative to this application.

I understand I have a continuing obligation to provide updated information on questions in applications submitted to the City. I understand 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: \_\_\_\_\_

BELOW FOR POLICE USE ONLY

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CRIMINALISTICS

( ) Photographs

By: \_\_\_\_\_

( ) Fingerprints

Date: \_\_\_\_\_

LPD Identification No. \_\_\_\_\_

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INVESTIGATION DIVISION

Date Received: \_\_\_\_\_

Criminal History

( ) Yes

( ) No – Criminal Record, NCIC

( ) Yes

( ) No – Criminal Record, FBI (Letter mailed)

By: \_\_\_\_\_

( ) Yes

( ) No – Criminal Record, Lakewood Police Department

( ) Yes

( ) No – Criminal Record, Jeffco Sheriff's Department

( ) Yes

( ) No – Criminal Record, CBI (CCIC)

( ) Yes

( ) No – Criminal Record, \_\_\_\_\_

( ) Yes

( ) No – Criminal Record, \_\_\_\_\_

Background Summary: \_\_\_\_\_

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

Memorandum Completed ( ) Yes ( ) No

By: \_\_\_\_\_  
Investigator

Date: \_\_\_\_\_

Reviewing Supervisor \_\_\_\_\_

Date: \_\_\_\_\_

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RECOMMENDATION:

( ) Approval

( ) No Recommendation

( ) Disapproval

TO BE COMPLETED BY THE CITY OF LAKEWOOD POLICE DEPARTMENT