



# MASSAGE PARLOR LICENSE BACKGROUND INVESTIGATION REPORT OUT OF STATE RESIDENTS

#### Lakewood Civic Center

Each individual applicant, partner of a partnership, officer, director, or stockholder of a corporation, member of a limited liability company, of a proposed massage parlor who resides out of the state of Colorado shall complete a Background Investigation Report.

#### FINGERPRINTNG AND PHOTOGRAPHS

Fingerprints must be made on City of Lakewood Police Department applicant cards ONLY. Cards that are submitted showing incorrect information or fingerprint impressions that are not clear enough to accurately classify will be rejected. We recommend fingerprinting to be done only by a qualified law enforcement agency.

TYPE OR PRINT ALL INFORMATION IN SPACES AS DESIGNATED. USE **BLACK** INK ONLY.

The space marked "aliases" includes any other names or nicknames used, including maiden names or previous married names.

The space marked "reason fingerprinted", enter "massage parlor license".

The space marked "employer and address", enter the business trade name and address.

Submit two (2) front facing standard passport type, in black and white or high contract color, not to exceed 2" x 2" in overall dimensions.

#### 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

2. Business Address:			
3. Name:			
4. Home Address:			
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 l	License No:
17. State Issuing Driver's License:			
			If yes, please detail:
CITIZENSHIP	( ) No	20. Naturaliza	tion No:
CITIZENSHIP 19. U.S. Citizen? ( ) Yes			tion No:t t Residence No:
CITIZENSHIP  19. U.S. Citizen? ( ) Yes  21. Alien Registration No:			
CITIZENSHIP  19. U.S. Citizen? ( ) Yes  21. Alien Registration No:  RESIDENCES		22. Permanen	
CITIZENSHIP  19. U.S. Citizen? ( ) Yes  21. Alien Registration No:  RESIDENCES		22. Permanen	t Residence No:
CITIZENSHIP  19. U.S. Citizen? ( ) Yes  21. Alien Registration No:  RESIDENCES		22. Permanen	t Residence No:
CITIZENSHIP  19. U.S. Citizen? ( ) Yes  21. Alien Registration No:  RESIDENCES  23. Addresses for past five years:		22. Permanen	t Residence No:
CITIZENSHIP  19. U.S. Citizen? ( ) Yes  21. Alien Registration No:  RESIDENCES  23. Addresses for past five years:		22. Permanen	t Residence No:
CITIZENSHIP  19. U.S. Citizen? ( ) Yes  21. Alien Registration No:  RESIDENCES  23. Addresses for past five years:		22. Permanen	t Residence No:

26.	If rented, name and address of I	andlord:		
27.	Name and address of mortgago	r, if any:		
28.	List addresses of all real propert and annual taxation.	y owned by you or your s	spouse, percentage of owners	hip, current market value,
EM	PLOYMENT			
29.	Name of present employer:			
30.	Type of business:			
31.	Business address:			
32.	Business telephone:		33. Length of employme	ent:
34.	Employment for last ten years:			
	<u>Business</u>	Address	<u>Position</u>	<u>Dates</u>
35.				please detail:
FAI	MILY HISTORY			
36.	Mother's full name:		Date o	f birth:
37.	Father's Full name:		Date o	f birth:
38.	Maiden name of spouse of appli	cant:		
39.	Spouse's full name:			
10.	Spouse's employer:			
<del>1</del> 1.	Names, addresses and places of	f birth of all children.		
	Full Name	Add	<u>ress</u>	Place and Date of Birth

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INFORMATION MUST B	

the City. I understand I will need to be fingerpri	understand I have a continuing obligation to provide updated information on questions in applications subne City. I understand I will need to be fingerprinted and photographed. Should an answer change, or new formation 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
CRIMINALISTICS	
( ) Photographs	Ву:
( ) Fingerprints	Date:
LPD Identification No.	
INVESTIGATION DIVISION	***************************************
	Date Received:
Criminal History	
( ) Yes	( ) No – Criminal Record, NCIC
( ) Yes	( ) No – Criminal Record, FBI (Letter mailed)
	Ву:
( ) 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:
*****************	***************************************
RECOMMENDATION:	
( )Approval	( ) No Recommendation ( ) Disapproval