

**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 after the application has been accepted.

**REQUIRED FEES**

! \$16.50 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**

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  
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 (include stage name): \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
Street Name
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: \_\_\_\_\_

**EMPLOYMENT HISTORY**

14. Where are you currently working or intend to work?

Business Name	Complete Business Address (Street name, City, State, and Zip Code)	Telephone No.

15. Have you previously had an entertainer license/permit suspended, revoked, or denied?  
 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

16. List all entertainer licenses/permits you have held in the last five years.

License/Permit No.	City and State of Issuance	Date

**ADDITIONAL BACKGROUND INFORMATION**

17. 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 \_\_\_\_\_

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**BELOW FOR POLICE USE ONLY**

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**Criminalistics:**

( ) Photographs By: \_\_\_\_\_

( ) Fingerprints Date: \_\_\_\_\_

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

\*\*\*\*\*

**Investigation Division:** Date Requested: \_\_\_\_\_

**Criminal History**

( ) Yes ( ) No – Criminal Record, NCIC  
( ) Yes ( ) No – Criminal Record, FBI (Letter mailed)  
By: \_\_\_\_\_

( ) Yes ( ) No – Criminal Record, Lakewood Police Dept.  
( ) Yes ( ) No – Criminal Record, Jeffco Sheriff's Dept.  
( ) Yes ( ) No – Criminal Record, CBI (CCIC)  
( ) Yes ( ) No – Criminal Record, \_\_\_\_\_  
( ) Yes ( ) No – Criminal Record, \_\_\_\_\_

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

\_\_\_\_\_

Memorandum Completed: ( ) Yes ( ) No

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

Reviewing Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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**Recommendation:**

( ) Approval ( ) No Recommendation ( ) Denial

Intelligence Division: \_\_\_\_\_

**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

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**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: \_\_\_\_\_

**PERSONAL INFORMATION**

- 5. Your name: \_\_\_\_\_  
Last 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. 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