



**CITY OF LAKEWOOD**

# **INDIVIDUAL ESCORT LICENSE APPLICATION**

Lakewood Civic Center

An Individual Escort License allows for applicant to operate as an Escort in the City of Lakewood. Please refer to the Lakewood Municipal Code, Chapter 5.53.

## **ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION**

- Copy of criminal history from the state of Colorado  
[www.cbirecordscheck.com](http://www.cbirecordscheck.com)
- Lawful presence affidavit

## **FEES REQUIRED FOR INITIAL APPLICATION**

- \$ 50.00 nonrefundable application fee
- \$ 25.00 Annual License fee
- \$ 16.50 Background investigation and fingerprinting fee

## **APPROVAL OF PERMIT**

After completion of the application and applicant has had fingerprints and photographs taken. The application is sent to the Police Department for their approval. This process takes approximately 90 days. You will be notified by the City Clerk's Office of the approval/disapproval of the application.

**Please note:** The Lakewood Police Department may require the submission of criminal histories from additional states as warranted. If you have any questions regarding an Escort Service License, please call the City Clerk's Office at 303-987-7080.

## **FINGERPRINTING IS BY APPOINTMENT ONLY**

To set up an appointment please call:  
Dione Stanley 303-987-7314  
or  
Sandra Dockter 303-987-7316

**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  
INDIVIDUAL ESCORT SERVICE LICENSE APPLICATION**

This document provides basic information that is necessary for the licensing authorities' 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 NameFirst NameMiddle Initial
  
- 2. Other names used: \_\_\_\_\_
  
- 3. Home Address: \_\_\_\_\_  
Street NameCity & StateZip Code
  
- 4. Home Phone: \_\_\_\_\_  
(Area Code)
  
- 5. Date of Birth: \_\_\_\_\_      10. Place of Birth: \_\_\_\_\_
  
- 6. Sex:  F     M      7. Race: \_\_\_\_\_      8. Eye Color: \_\_\_\_\_
  
- 9. Height: \_\_\_\_\_      10. Weight: \_\_\_\_\_      11. Hair Color: \_\_\_\_\_
  
- 12. Driver's License No.: \_\_\_\_\_      13. State Issuing Driver's License: \_\_\_\_\_
  
- 14. Has your driver's license ever been suspended or revoked?     Y     N
  
- 15. If yes, please explain (include date and location): \_\_\_\_\_  
\_\_\_\_\_
  
- 16. Are you a U.S. Citizen?  Y     N      17. Permanent Residence No.: \_\_\_\_\_
  
- 18. Alien Registration No.: \_\_\_\_\_      19. Naturalization No.: \_\_\_\_\_
  
- 19. Escort Service Name \_\_\_\_\_
  
- 20. Trade Name: \_\_\_\_\_
  
- 21. Business Address: \_\_\_\_\_  
Street NameCity & StateZip Code
  
- 22. Business Phone: \_\_\_\_\_  
(Area Code)

23. List all states of residence (including military): \_\_\_\_\_  
 \_\_\_\_\_

24. List addresses for the past five years (attach separate page if necessary)

Street Address	City, State & Zip Code

**EMPLOYMENT HISTORY**

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

26. Type of Business: \_\_\_\_\_ 27. Current Position: \_\_\_\_\_

28. Business address: \_\_\_\_\_  
Street name City, State Zip Code

29. Business phone no.: \_\_\_\_\_ 30. Length of Employment: \_\_\_\_\_  
(Area Code)

31. Employment for the last 5 years:

Company Name	Complete Address Include street name, city, state and zip	Telephone Number	Position Held	From/To

32. Have you ever been discharged from a position?  Y  N If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

33. Business Name: \_\_\_\_\_

34. Trade Name: \_\_\_\_\_

35. Business Address: \_\_\_\_\_  
Street Name City & State Zip Code

36. Business Phone: \_\_\_\_\_

37. In the previous 5 years have you ever had a license, permit, or authorization to do business denied?  
 Y  N

If yes, list Business license type, date, jurisdiction and details:

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38. In the previous 5 years have you ever had any professional or vocational license or permit denied, revoked, or suspended?  Y  N

If yes, list license type, date, jurisdiction and details:

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39. List all of your arrests (include date, charge, location, conviction, sentence and disposition):

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The following attachments have been included with this application:

\_\_\_\_\_ Copy of criminal history from the state of Colorado

\_\_\_\_\_ Affidavit of lawful presence

I certify that the information contained in this Background Investigation Report and all attachments hereto, is true and complete. 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 that I have a continuing obligation to provide updated information on questions in applications submitted 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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**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, 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

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**Recommendation:**

- ( ) Approval ( ) No Recommendation ( ) Disapproval

\_\_\_\_\_ Date: \_\_\_\_\_  
Investigation Division

**CITY OF LAKEWOOD  
LAWFUL PRESENCE AFFIDAVIT**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

\_\_\_\_\_ I am a United States citizen, or

\_\_\_\_\_ I am a Permanent Resident of the United States, or

\_\_\_\_\_ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the City of Lakewood, in the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the City of Lakewood. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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For office use only:

Type of identification presented \_\_\_\_\_

Initials of verifier \_\_\_\_\_