

**CITY OF LAKEWOOD  
NON-ALCOHOLIC DANCE CLUB APPLICATION**

- New Application       Change of Corporate Structure       Renewal 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.**

1. Name of applicant: \_\_\_\_\_

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

3. List all officers, directors (corporation), managing members (LLC), or partners

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

4. Trade Name: \_\_\_\_\_

5. Federal Employment Identification Number: \_\_\_\_\_

6. Business address: \_\_\_\_\_  
Street name City & State Zip Code

7. Business Phone: \_\_\_\_\_

8. Does an attorney represent you?    yes    no

If yes, provide name, address, and phone no.

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Street Address City & State Zip Code

9. Do you have a registered corporate agent?  yes  no

If yes, provide the following information: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street address City & State Zip Code

### PROPERTY INFORMATION

10. Is the building owned or leased?  owned  Leased

11. Name and **complete** address of building owner \_\_\_\_\_  
Name

\_\_\_\_\_  
Street address City & State Zip Code

12. Is the land owned or leased?  owned  Leased

Name and **complete** address of landowner \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City & State Zip Code

### COMPANY INFORMATION

13. Does this company currently operate an unlicensed non-alcoholic dance club?  
 yes  no

If yes, provide the following information: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street address City & State Zip Code

14. Does this company currently operate a licensed non-alcoholic dance club?  
 yes  no

If yes, provide the following information: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street address City & State Zip Code

15. Has this company ever operated a non-alcoholic dance club that was suspended, revoked, denied, or declared a public nuisance?  Y  N

If yes, give name, dates, jurisdiction, and action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We certify that the information contained in this Non-Alcoholic Dance Club License Application and all attachments hereto is true and complete. I/We understand that any misrepresentation, falsification, or omission may result in the denial of this application or suspension/revocation of the license.

I/We 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: \_\_\_\_\_