



MASSAGE BUSINESS LICENSE RENEWAL APPLICATION

It is unlawful for any person to maintain or operate a Massage Business without first obtaining a license from the City Clerk's Office pursuant to this Chapter 5.5 of the Lakewood Municipal Code.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Proof of Possession of Premise.
Deed or lease (lease must cover one-year minimum from issue date of license).
- Certificate of Good Standing as evidence that the corporation or Limited Liability is in good standing under the statutes of the State of Colorado.
- If Corporation or LLC, Articles of Incorporation or Articles of Organization.

FEES REQUIRED FOR RENEWAL APPLICATION

Annual License Fee	\$300.00
Manager Renewal Fee	\$35.00 each

Please make checks payable to "City of Lakewood"
Visa/MasterCard/Discover accepted at City Clerk's front counter



MASSAGE BUSINESS RENEWAL APPLICATION

NAME OF BUSINESS: _____

Complete Business Address: _____

Phone: _____ Email: _____

OWNERSHIP: Applicant is a(n): _____ Individual _____ Partnership _____ Corporation _____ LLC

Name of Ownership Entity: _____

Name of Owner: _____ Alias (also known as): _____

Complete Residential Address of owner: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mailing Address of Applicant (if different than addresses above): _____

City: _____ State: _____ Zip: _____

BUSINESS OPERATIONS:

Hours of operation: (from when to when)

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

REGISTERED MANAGER(S):

Is owner also the only manager for the business? Yes: _____ No: _____

Are you also a Colorado Licensed Massage Therapist? No: _____ If yes, provide #: MT. _____



Approved Registered Manager(s):

Full Name: _____ If Colorado LMT, provide license number: MT. _____

Full Name: _____ If Colorado LMT, provide license number: MT. _____

Full Name: _____ If Colorado LMT, provide license number: MT. _____

Please attach an additional page if you employ more approved managers.

LMT(s): Colorado Licensed Massage Therapists who work for this business:

Full Name: _____ Current DORA LMT#: MT. _____

Full Name: _____ Current DORA LMT#: MT. _____

Full Name: _____ Current DORA LMT#: MT. _____

Full Name: _____ Current DORA LMT#: MT. _____

Full Name: _____ Current DORA LMT#: MT. _____

Please attach an additional page if you employ more Colorado LMT's.

Have you made any changes to the business since your original application? For example, you may have converted a storage closet to a massage room, or you have added a new piece of equipment, or changed your lobby or restrooms.

No: _____ Yes: _____ If yes please specify and submit new floor plan if necessary



Is the property owned or leased: () Owned () Leased

If leased, list the name and address of the landlord:

Landlord name: _____ Landlord address: _____

Lease terms: Start date: _____ End date: _____

Within the past year, has the applicant or principal owner had any involvement in the ownership and/or operation of a massage business elsewhere in Lakewood or other locations in Colorado? Yes/No. If yes, please provide name and address of business:

I certify the information contained in this Massage Business Renewal Application, 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 understand I have a continuing obligation to provide updated information on questions in applications submitted to the city. Should an answer change, or new information becomes available, I will contact the city at 303-987-7080.

Applicant's Signature

Date

MASSAGE BUSINESS LICENSE
MANAGER REGISTRATION RENEWAL

Business Name: _____

Business Address: _____

Manager Name: _____

Alias (also known as): _____

Home address (include city, state, zip): _____

Telephone: _____ Email: _____ Date of birth: _____

Are you a licensed massage therapist with the State of Colorado? () Yes () No

If yes, provide your massage therapy license number: _____

Is this a manager change for the massage business? () Yes () No

If yes, provide the name/alias of the former manager: _____

Have you received any disciplinary actions taken by any state or local massage therapy board or criminal convictions for violations of a massage therapy practice act in any jurisdiction or possession of the United States in the past 12 months? () Yes () No

If yes, what disciplinary actions did you receive? _____

I certify the information contained in this application, 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.

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