

MESSAGE BUSINESS LICENSE 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).
- Diagram of Property and Floor Plan (must be on a single 8.5" x 11" sheet, outlined in black. All Areas must be labeled: office, massage rooms, bathrooms, storage, Vichy showers/tables, etc.) Does not have to be professionally drawn or to scale.
- Photocopy of IDs
- Zoning Certificate (contact POD@lakewood.org or call 303-987-7571)
- Certificate of Good Standing as evidence that the corporation or Limited Liability is in good standing under the statutes of the State of Colorado
- For Foreign corporation or company, evidence of authorization to do business in the State of Colorado
- If Partnership, a Partnership Agreement
- If Corporation or LLC, Articles of Incorporation or Articles of Organization
- Each owner applicant and partner of a partnership MUST complete an Authority for Release of Information

FEES REQUIRED FOR INITIAL APPLICATION

Application Fee	\$100.00
Annual License Fee	<u>\$300.00</u>
Total Fees Due	\$400.00

Fingerprinting & Background Fee \$ 38.50 per Owner/Partner

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

MESSAGE BUSINESS LICENSE DOCUMENT CHECKLIST

All supporting documents must be submitted and required fees must be included with the application. Incomplete applications will not be accepted.

_____ Application

_____ FEES

_____ Deed or Lease (must cover one-year minimum from issue date of license)

_____ Diagram of Property and Floor Plan (must be on a single 8.5" x 11" sheet, outlined in black. All Areas must be labeled: office, massage rooms, bathrooms, storage, Vichy showers/tables, etc.)

_____ Zoning Certificate (contact Planning Department POD@lakewood.org 303-987-7571)

_____ Photocopy of Colorado State ID, Driver License or Passport for all individual officers, directors, managers, partners, members, and/or principal owners as proof they are 18 years of age or older.

_____ Emergency Contact Form

_____ Background Investigation Report

PARTNERSHIP DOCUMENTS

_____ Partnership agreement

_____ Certificate of partnership

CORPORATE DOCUMENTS (IF CORPORATION)

_____ Certificate of Good Standing

_____ Articles of Incorporation (stamped by Secretary of State's Office)

LIMITED LIABILITY COMPANY DOCUMENTS (IF LLC)

_____ Certificate of Good Standing

_____ Articles of Organization (stamped by Secretary of State's Office)

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MASSAGE BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name: _____ FEIN Number: _____

Doing Business As: _____

Complete Business Address (City, State, Zip Code): _____

Phone: _____ Email: _____

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

Will you also be the Manager of the business? Yes No If Yes, provide CO LMT#: _____

Complete Residential Address of owner (City, State, Zip Code): _____

Phone: _____ Email: _____

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

City: _____ State: _____ Zip: _____

Name of Manager(s): _____ Alias (also known as): _____

_____ Alias (also known as): _____

What type of business?

Individual Partnership Corporation Limited Liability Company

How many massage therapists do you currently employ? _____

Are they currently licensed with the State of Colorado? () Yes () No

Please list Full Name and Colorado Massage Therapist License # for all employees:

MASSAGE BUSINESS LICENSE APPLICATION



INDIVIDUAL INFORMATION

Legal name of individual: _____

Aliases Used: _____

Full names of all partners: _____

PARTNERSHIP INFORMATION

General

Limited

Name of Partnership: _____

CORPORATION INFORMATION

Name of Corporation: _____

President _____

Vice-President _____

Treasurer _____

Secretary _____

Director(s) _____

List the full name and address of the registered agent: _____

LIMITED LIABILITY COMPANY INFORMATION

Name of LLC: _____

Date of Formation: _____

List the full name of the managing member(s): _____

List the full name and complete address of the registered agent: _____

List anyone who has a direct or indirect financial interest in the business and the percentage of their interest:

Name	Address	Date of Birth	Position / Title	% Ownership
Attach pages for additional information.				

1. Does the business have any massage table showers, massage bathtubs, or Vichy showers on the property?

() Yes () No If yes, please provide Make and Model number for commercial branded table

2. Has the applicant, officers, directors, managers, members, or any individuals having an interest in the business, been convicted of, or pled “nolo contendere” to, a felony or misdemeanor, in any federal, state, or municipal court in any of the United States jurisdictions or possessions, for prostitution, or of operating a prostitution enterprise, fraud, theft, embezzlement, kidnapping, human trafficking, money laundering, or similar crimes? Failure to disclose any criminal conviction of the nature described within this paragraph may result in denial of the license application.

() Yes () No If yes, provide a statement of the jurisdiction, charge and details on a separate sheet.

3. Does the applicant, or any other individual listed on the application, have/had a previous license under this or any other similar massage business ordinance from another jurisdiction or possession of the United States, denied, suspended, or revoked.

() Yes () No If yes, complete the following:

Name of person: _____

Relationship to the applicant: _____

Name and location of the business: _____

Date of denial/suspension/revocation: _____

Reason for denial/suspension/revocation: _____

4. Within the past ten (10) years, has the applicant, or any officer, director, manager, partner, member, principal owner and/or any other person who has an interest in the business that is applying for this Massage Business License had any involvement in the operation of a “Massage business” as defined in section 5.52.020 of the Lakewood Municipal Code?

() Yes () No If yes complete the following:

Name of person: _____

Relationship to the applicant: _____

Name and location of the business: _____

Dates of operation: _____

I certify that the information contained in this Massage Business License 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. I understand 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

Commission Expires

(Notary Stamp Here)

UPDATED AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7540. Mail or fax the completed form to the Lakewood Police Department, Special Investigations Unit, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-987-7155.

Business Name: _____

If storefront sign is different, please indicate that name here: _____

Exact Business Address (include Unit #): _____

Codes/Passwords: _____

Local Business Phone #: _____

Please circle one: Landline Cell VOIP

Type of Business: _____ Hours of Operation: _____

Alarm Company: _____ Phone: _____

Alarm System (please circle all that apply): Silent Holdup Audible

Please list personnel (who have keys) in the order in which they should be called if someone is needed to respond to an after-hours emergency. List after-hours **LOCAL** numbers, not daytime.

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____ Pager: _____

Please provide additional information to help protect your business in case of an after-hours emergency (for example: guard dogs, employees are on-site 24 hours, hazardous materials stored on-site) _____

Signature

Print Name

Date