



MANAGER REGISTRATION APPLICATION

It is unlawful for any person to work as a manager of a massage business without a massage business manager's license, unless they are the owner of a licensed massage business, from the City Clerk's Office pursuant to this Chapter 5.52 of the Lakewood Municipal Code.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Photocopy of Colorado State ID, Driver's License or Passport
- Authority for Release of Information

FEES REQUIRED FOR MANAGER REGISTRATION APPLICATION

Manager License Fee	\$ 75.00
Fingerprinting & Background Fee	<u>\$ 38.50</u>
Total Due	\$113.50

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

MASSAGE BUSINESS LICENSE
MANAGER REGISTRATION

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: _____

Has the applicant, 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.

If yes, provide the date, place of conviction, and the disposition of the citation.

Date: _____ City/State where conviction occurred: _____

Disposition of the citation: _____

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? () 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.

I understand I have a continuing obligation to provide updated information on questions in applications submitted to the City of Lakewood. 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

My Commission Expires

(Notary Stamp)

City of Lakewood

Police Department

445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303-987-7540
TDD: 303-987-7111
Fax: 303-987-7155

AUTHORITY FOR RELEASE OF INFORMATION BACKGROUND INVESTIGATION AND FINGERPRINTING

Name _____
(Last) (First) (Middle)

Sex _____ Date of Birth _____
Month/Day/Year

I, _____ do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Lakewood Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located.

I understand that all information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the Lakewood Police Department. I understand that all materials pertaining to this background investigation become the property of the Lakewood Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

Subscribed and sworn to before me this ____ day of _____, _____.

Notary Public

Expiration Date

(Notary Seal)

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 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 become available, I will contact the City at 303-987-7080.

Applicant's Signature

Date

Subscribed and sworn to before me in the county of _____, State of Colorado, this _____ day
of _____, 20_____ by _____.

Notary Public

My Commission Expires: _____