

LODGING FACILITY LICENSE RENEWAL APPLICATION

It is unlawful for any person to maintain or operate a lodging facility without first obtaining a license from the City Clerk's Office pursuant to this Chapter 5.56 of the Lakewood Municipal Code.

ADDITIONAL DOCUMENTS REQUIRED WITH RENEWAL APPLICATION

- Proof of Possession of Premise.
New lease (if applicable).
- Certificate of Good Standing as evidence that the corporation or Limited Liability is in good standing under the statutes of the State of Colorado.
- Updated After Hours Emergency Contact Form

FEES REQUIRED FOR RENEWAL APPLICATION

- Annual License Renewal Fee \$400.00

Please make checks payable to "City of Lakewood"

Visa/MasterCard accepted at front counter

If you have any questions regarding Lodging Facility Licensing, please call the City Clerk's Office at 303-987-7080.

LODGING FACILITY LICENSE RENEWAL APPLICATION

NAME OF BUSINESS: _____

DBA (Doing Business as): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Owner(s) Name: _____

Residential Address of Applicant/Owner: _____

City: _____ State: _____ Zip: _____

Mailing Address of Applicant (if different than business address): _____

City: _____ State: _____ Zip: _____

Social Security Number _____ or Tax ID number _____

Applicant is a (check one): Individual Partnership Corporation Limited Liability Company

INDIVIDUAL INFORMATION

Legal name of individual: _____

Aliases Used: _____

PARTNERSHIP INFORMATION (Check one): General or Limited

Name of Partnership: _____

Full names of all partners: _____

CORPORATION INFORMATION

Name of Corporation: _____

President _____

Vice-President _____

Treasurer _____

Secretary _____

Director(s) _____

LIMITED LIABILITY INFORMATION

Name of LLC: _____

Date of Formation: _____

List the full name of the manager(s): _____

CURRENT ON-SITE MANAGER(S)

Manager(s) Name: _____

Is the premise leased? Yes _____ or No _____

If yes, state name and address of the landlord and term of lease. If the lease has changed since the last application, attach a copy of the new lease.

NUMBER OF GUEST ROOMS (does not include office, storage, utility rooms, etc.): _____

I certify that the information contained in this Lodging Facility License Application, 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.

Applicant Signature

Date

LODGING FACILITY LICENSE MANAGER REGISTRATION

Licensee's Name: _____

Business Address: _____

Phone number: _____ Email: _____

Manager(s) Name: _____

Authorized Signature

Print Name

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 check one: Landline Cell VOIP

Type of Business: _____ Hours of Operation: _____

Alarm Company: _____ Phone: _____

Alarm System (please check 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: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Position: _____

Home Address: _____

Phone: _____ Cell Phone: _____

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