



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.

FEES REQUIRED FOR RENEWAL APPLICATION

- Annual License Fee \$150.00

Please make checks payable to "City of Lakewood"

Visa/MasterCard/Discover accepted at City Clerk's front counter

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

MASSAGE BUSINESS RENEWAL APPLICATION

Name of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

OWNERSHIP:

Applicant is a (check one):

Individual Partnership Corporation Limited Liability Company

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

Complete Residential Address of Applicant: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Mailing Address (if different than business address):

City: _____ State: _____ Zip: _____

BUSINESS HOURS OF OPERATIONS:

List open and close times for each day.

Monday: Open _____ Close _____ Friday: Open _____ Close _____

Tuesday: Open _____ Close _____ Saturday: Open _____ Close _____

Wednesday: Open _____ Close _____ Sunday: Open _____ Close _____

Thursday: Open _____ Close _____

MANAGER(S):

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

Are you also a Colorado Licensed Massage Therapist? _____ Yes or _____ No

If yes, provide License Massage Therapist (LMT) number: _____

List All Additional Managers:

First and Last Name: _____ Also Known As: _____

Are you a licensed Colorado Massage Therapist? If yes, provide license number: _____

First and Last Name: _____ Also Known As: _____

Are you a licensed Colorado Massage Therapist? If yes, provide license number: _____

Please attach a separate page if needed for additional managers.

List all Licensed Massage Therapists who work for this business and their current Colorado License Massage Therapist (LMT) number:

First and Last Name: _____ Also Known As: _____

Current Colorado LMT number: _____

First and Last Name: _____ Also Known As: _____

Current Colorado LMT number: _____

First and Last Name: _____ Also Known As: _____

Current Colorado LMT number: _____

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. Yes or No

If yes, please specify and submit a new floor plan, if necessary:

Is the property owned or 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 or 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 or omission 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. Should an answer change, or new information becomes available, I will contact the city at 303-987-7080.

Applicant's Signature

Date

Print Name

Title

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