



# ESCORT SERVICES LICENSE APPLICATION

#### Lakewood Civic Center

An Escort Service License allows for applicant to operate Escort Services in the City of Lakewood.

#### ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Copy of criminal history from the state of Colorado www.cbirecordscheck.com
- Lawful presence affidavit
- Certificate of Good Standing
- Certificate of Authority (if foreign company)

#### FEE REQUIRED FOR INITIAL APPLICATION

- \$50.00 nonrefundable application fee
- \$ 25.00 Annual License fee
- \$ 16.50 Background investigation and fingerprinting fee

#### **APPROVAL OF PERMIT**

After completion of the application and applicant has had fingerprints and photographs taken. The application is sent to the Police Department for their approval. This process takes approximately 30 days. You will be notified by the City Clerk's Office of the approval/disapproval of the application.

**Please note:** The Lakewood Police Department may require the submission of criminal histories from additional states as warranted. If you have any questions regarding an Escort Service License, please call the City Clerk's Office at 303-987-7080.

### FINGERPRINTING IS CONDUCTED ONLY DURING SPECIFIED TIMES:

Tuesday, 8:00 a.m. to 9:30 a.m. Wednesday, 11:30 a.m. to 1:00 p.m.

CITY OF LAKEWOOD

City Clerk's Office Lakewood Civic Center 480 S. Allison Pkwy. Lakewood, CO 80226-3127 Phone: 303-987-7080 Fax: 303-987-7088 TDD: 303-987-7057

## CITY OF LAKEWOOD, COLORADO INDIVIDUAL ESCORT SERVICE LICENSE APPLICATION

This document provides basic information that is necessary for the licensing authorities' investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.** 

#### PERSONAL INFORMATION

Your name:				
	Last Name		First Name	Middle Initial
Other name	s used:			
Home Addr	ess:		City & State	Zip Code
Home Phon	e:		,	,
			e of Birth:	
Sex: 🗖 F	<b>□</b> M 7.	Race:	8. Eye Color:	
Height:		10. Weight:	11. Hair Co	lor:
Driver's License No.:13. State Issuing Driver's License:				
-		•	revoked?	J N
Are you a U	.S. Citizen? 🗖	Y 🗖 N 17. Permane	ent Residence No.:	
Alien Regist	ration No.:	19.	Naturalization No.:	
Escort Servi	ce Name			
Trade Name	e:			
Business Ad	ddress: Street Nar	me	City & State	Zip Code

23.	List all states of residence (including military):							
24.	List addresses for the past five years (attach separate page if necessary)							
	Str	eet Address	City, S	tate & Zip Code	9			
EMP	LOYMENT HISTOI	RY						
25.	Name of present	employer:						
26.	Type of Business	s: 27. Curre	ent Position:					
28.	Business address: Street name City, State Zip Code							
29.	Business phone	no.:30	). Length of Em	ployment:				
31.	Employment for	the last 5 years:						
	Company Name	Complete Address Include street name, city, state and zip	Telephone Number	Position Held	From/To			
32.	Have you ever b	een discharged from a position?	′ □ N If yes,	, please exp	olain:			
33.	Business Name:							
34.	Trade Name:							
35.	Business Addres	S:Street Name	City & State		Zip (	Code		
36.	Business Phone							

37.	In the previous 5 years have you ever had a license, permit, or authorization to do business denied? $\square$ Y $\square$ N				
	If yes, list Business license type, date, jurisdiction and details:				
	In the previous 5 years have you ever had any professional or vocational license or permit denied, revoked, or suspended?				
	If yes, list license type, date, jurisdiction and details:				
39.	List all of your arrests (include date, charge, location, conviction, sentence and disposition):				

The following attachments have been included	with this applica	tion:
Copy of criminal history from the st	tate of Colorado	
Affidavit of lawful presence		
I certify that the information contained in this Background understand that any misrepresentation or falsification malicense. I consent to the release of all financial information	y result in the rejecti	on of this application or suspension/revocation of the
I understand that I have a continuing obligation to provide further understand that I will need to be fingerprinted and 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:		

C	ity C	lerk's Office – Referra	l to Polic	e De	epartment – Date
			******	***	**********
C	rımıı	nalistics:			
(	)	Photographs			Ву:
(	)	Fingerprints			Date:
L	PD Id	lentification No			
**	****	*******	*****	***	**********
In	vesti	igation Division:			Date Received:
C	rimin	al History			
(	)	Yes	(	)	No – Criminal Record, NCIC
(	)	Yes	(	)	No – Criminal Record, CCIC
(	)	Yes	(	)	No - Criminal Record, Lakewood Police Department
(	)	Yes	(	)	No - Criminal Record, Jeffco Sheriff's Office
(	)	Yes	(	)	No – Criminal Record,
(	)	Yes	(	)	No – Criminal Record,
		randum Completed: (			( ) No
111	CIIIO	tandam completed.	, 103		( )110
Ву:				Date:	
		Investigator			
		<del></del>			Date:
		Reviewing Supervis	or		
**	***	*******	*****	***	**********
R	ecom	mendation:			
		pproval (	) No Re	com	mendation ( ) Disapproval
_ In	vesti	gation Division			Date: