

ADULT BUSINESS ENTERTAINER APPLICATION

Each entertainer working in an adult business shall complete an entertainer application pursuant to Chapter [5.47.220](#) of the Lakewood Municipal Code.

REQUIRED DOCUMENTS

- Entertainer Application
- Authority to Release Information

ALL INFORMATION MUST BE TYPEWRITTEN OR HAND PRINTED IN BLACK INK AND SUBMITTED IN DUPLICATE.

FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY

All paperwork must be submitted to the City Clerk's Office prior to scheduling an appointment for fingerprinting.

REQUIRED FEES

- | | |
|--|---------|
| • Nonrefundable Investigation Fee | \$16.50 |
| • Nonrefundable Application Processing Fee | \$25.00 |
| • Total Fees | \$41.50 |

Contact the City Clerk's Office at 303-987-7080, with questions or to schedule an appointment.

ADULT BUSINESS LICENSE ENTERTAINER 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, of omission or facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.

PERSONAL INFORMATION

6. Your name: Last _____ First _____ Middle initial _____

7. Other names used (include stage name): _____

8. Home address: _____

City: _____ State: _____ Zip code: _____

9. Home phone number: _____

10. Date of birth: _____

11. Place of Birth: _____

12. Driver's License number: _____

13. State issuing Driver's License: _____

14. Social Security number: _____

15. Eye color: _____

16. Height: _____

17. Weight: _____

18. Hair color: _____

EMPLOYMENT HISTORY

19. Where are you currently working or intend to work? Attach a separate sheet, if needed.

Business Name	Complete address (city, state, zip code)	Phone number
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_____	_____	_____
_____	_____	_____

20. Have you previously had an entertainer license/permit suspended, revoked, or denied?

____ Yes or ____ No Attach a separate sheet, if needed.

Business Name	Complete address (city, state, zip code)	Nature of Action	Date
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_____	_____	_____	_____
_____	_____	_____	_____

21. List all entertainer licenses/permits you have held in the last five years.

License/Permit Number

City and State of Issuance

Date

ADDITIONAL BACKGROUND INFORMATION

22. Have you ever been convicted of a specified criminal act, as defined in the ordinance?

____ Yes or ____ No

If yes, list offense, location, and dates of conviction. Attach a separate sheet, if needed.

Offense

Location

Dates of Conviction

I certify that the information contained in this Background Investigation Report and all attachments hereto is true and complete and that I am at least 18 years of age. I understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license.

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 _____, _____, by _____.

Notary Signature

My Commission Expires

BELOW FOR POLICE USE ONLY

_____ Date City Clerk's Office sent referral to Police Department

CRIMINALISTICS

_____ Photographs

_____ Fingerprints

Completed by: _____ Date: _____

LPD identification number: _____

INVESTIGATION DIVISION

Date received: _____

Criminal History

Criminal record, NCIC _____ Yes _____ No

Criminal record, CCIC _____ Yes _____ No

Criminal record, Lakewood Police Department _____ Yes _____ No

Criminal record, (_____) _____ Yes _____ No

Criminal record, (_____) _____ Yes _____ No

Background summary: _____

Memorandum completed _____ Yes _____ No

Recommendation (check one):

_____ Approval

_____ No Recommendation

_____ Disapproval

Detective/Technician: _____

Date: _____

SIU Sergeant: _____

Date: _____

City of Lakewood
Police Department
445 South Allison Parkway
Lakewood, Colorado 80226-3105
Phone: 303-987-7540
Fax: 303-987-7155
TDD: 303-987-7057

**AUTHORITY FOR RELEASE OF INFORMATION
BACKGROUND INVESTIGATION AND FINGERPRINTING**

Name (Last, First, Middle): _____

Sex: _____ Date of Birth (month/day/year): _____

I, (name) _____, 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 financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trail 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, wherever 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 me before this _____ day of _____, _____

Notary Public

Expiration Date

(Notary Seal)