

ADULT BUSINESS LICENSE APPLICATION

Any person, firm, or corporation wanting to operate an adult business within the city limits, must first obtain an Adult Business License from the City of Lakewood, City Clerk's Office pursuant to [Chapter 5.47](#) of the Lakewood Municipal Code. Applicants are responsible for knowing and following the requirements for operating an adult business.

The completed application packet is accepted by appointment only. To make an appointment, contact the City Clerk's Office at 303-987-7080.

DOCUMENTS REQUIRED WITH APPLICATION

- Affidavit for Compliance
- Lakewood Individual Background Investigation Application Packet
- After Hours Emergency Contact Form

TERMS OF LICENSE

All adult business licenses are issued on an annual basis. Each license expires on December 31st of the calendar year for which the license is issued. Renewal applications and fees are due at that time.

FEES REQUIRED FOR APPLICATION

- | | |
|---|----------|
| • Annual License Fee | \$500.00 |
| • Application Fee (non-refundable) | \$150.00 |
| • Investigation/Fingerprinting Fee (non-refundable) | \$16.50 |

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

ALL FORMS AND SUPPORTING DOCUMENTS MUSTS BE SUBMITTED IN DUPLICATE

If you have any questions regarding Adult Business License, please call the City Clerk's Office.

INSTRUCTIONS/PROCEDURES

Anyone seeking an Adult Business License in the City of Lakewood must complete an application packet.

Applications are accepted by appointment only. Make an appointment with the Licensing Management Specialist by calling (303)987-7080. Allow approximately two hours for the scheduled meeting.

Applications will not be considered unless all questions are fully answered. If a question does not apply, write "N/A". If the answer is none, write none. All supporting documents must be submitted and correspond exactly with the name of the applicant and/or business. The required fees must be included with the application. Incomplete applications will not be accepted.

All documents must be fully executed showing required signature and dates. Items that are contingent upon receipt of the liquor license should include a contingency clause worded in the documents.

NOTE: Changes in application information (i.e., changes in financial sources, corporate structure, any action taken by a law enforcement agency or litigation connected with the application) must be provided to update the information contained in the original application.

All forms are to be **TYPEWRITTEN** or **HANDWRITTEN IN BLACK INK** and submitted in **DUPLICATE**. Any missing or modified documents from initial submittal packet must also be submitted in duplicate.

FINGERPRINTING AND PHOTOGRAPHING

Applicants will be referred to the Lakewood Police Department for fingerprinting and photographing after the application has been accepted and the fees to the State and City paid.

Out of State residents may satisfy the fingerprinting requirements by mail using the packets available from the City Clerk's Office.

DOCUMENT CHECKLIST

All documents must be original or copies that are legible, white out or answers crossed out will not be accepted. The application will be considered accepted by the City Clerk's Office when all documents are provided, and fees paid.

PROOF OF POSSESSION OF PREMISES

- Deed or lease (**lease must cover one-year minimum from issue date of license**)
- Assignment of lease (**if applicable**)
- Certificate of Zoning (call **303-987-7571** or email POD@lakewood.org)
- Floor plan specifying the location and dimension of any manager's stations of every area to which any patron is permitted access for any purpose excluding restrooms. Designate ingress/egress, doors, walls, and those rooms or other areas of the premises where patrons are not permitted. Designate the use of each room or other area of the premises.
- Current Improvement Location Certificate and straight-line drawing prepared by a land surveyor prepared within 30 days prior to application.
- Written legal description.

CORPORATE DOCUMENTS (IF CORPORATION)

- Certificate of Incorporation or Certificate of Good Standing (if corporation is two years old) or Certificate of Authorization (if out-of-state corporation)
- Articles of Incorporation (**acknowledged by the Secretary of State**)
- List of current officers, stockholders, and directors

LIMITED LIABILITY COMPANY DOCUMENTS (IF LLC)

- Certificate of Good Standing
- Articles of Organization (**acknowledged by the Secretary of State**)
- Copy of Operating Agreement
- Certificate of Authority (**if out-of-state/foreign**)
- List of current members

PARTNERSHIP DOCUMENTS (IF PARTNERSHIP)

- General or limited Partnership Agreement
- Certificate of Partnership

OTHER

- Affidavit stating that the proposed adult business and its location comply with and conform to all requirements of [Chapter 5.47](#) of the Lakewood Municipal Code.



ADULT BUSINESS LICENSE APPLICATION

This document provides basic information that is necessary for the Licensing Authority's 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.

1. NAME OF APPLICANT: _____

2. Trade name (Doing Business as): _____

3. Business Address (City, State, Zip Code): _____

4. Phone: _____ 5. Email: _____

6. Applicant is a (check one):

_____ Limited Liability Company _____ Corporation _____ Partnership _____ Sole Proprietorship

7. List all officers, directors (corporation), managing members (LLC), or partners. Include position held, names of all Directors, Officers, Managing Members, or partners, complete home address, and date of birth (DOB).

Name	Position Held	Complete address (city, state, zip)	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Does an attorney represent you? _____ Yes or _____ No

If yes, provide name, complete address (city, state, zip), and phone number:

9. Do you have a registered corporate agent? _____ Yes or _____ No

If yes, provide name, complete address (city, state, zip):

10. Provide names, complete home addresses (city state, zip), and dates of birth (DOB) for all managers of the business:

Name	Shift	Complete Home Address	DOB

PROPERTY INFORMATION

11. Is the building, (check one), _____ owned or _____ leased?

12. Name and complete address of the building owner: _____

13. Is the land, (check one), _____ owned or _____ leased?

14. Name and complete address of landowner: _____

I/We certify that the information contained in this Adult Business Application and all attachments hereto, is true and complete. I/We understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license.

I/WE understand that there is a continuing obligation to provide updated information to the city. Should an answer change, or new information becomes available, the city must be contacted at 303-987-7080.

MUST BE SIGNED IN FRONT OF A NOTARY.

Applicant Signature

Date

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

Notary Public

My Commission Expires



DISTANCE REQUIREMENT AFFIDAVIT

State of _____

County of _____

I, _____ (full name),

of (name of business) _____

do hereby state and affirm that the proposed adult business and its location at

(address of business) _____

Comply with and conform to all requirements of Chapter 5.47 of the Lakewood Municipal Code.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____.

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 circle one: Landline Cell VOIP

Type of Business: _____ Hours of Operation: _____

Alarm Company: _____ Phone: _____

Alarm System (please circle 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