

ADULT BUSINESS LICENSE RENEWAL APPLICATION

All Adult Business Licenses are issued on an annual basis. Each license expires on December 31st of the calendar year for which the licensed is issued. License renewals must be filed with the City Clerk's Office not less than 45 days prior to expiration.

DOCUMENTS REQUIRED WITH APPLICATION

- Corporations or Limited Liability Companies must include a current Certificate of Good Standing from the Colorado Secretary of State Office
- After Hours Emergency Contact Form

FEES REQUIRED FOR APPLICATION

- Annual License Renewal Fee \$500.00

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.



ADULT BUSINESS LICENSE RENEWAL 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

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