

## LODGING FACILITY LICENSE RENEWAL APPLICATION

It is unlawful for any person to maintain or operate a lodging facility without first obtaining a license from the City Clerk's Office pursuant to this Chapter 5.56 of the Lakewood Municipal Code.

### **ADDITIONAL DOCUMENTS REQUIRED WITH RENEWAL APPLICATION**

- Proof of Possession of Premise.  
New lease (if applicable).
- Certificate of Good Standing as evidence that the corporation or Limited Liability is in good standing under the statutes of the State of Colorado.
- Updated After Hours Emergency Contact Form

### **FEES REQUIRED FOR RENEWAL APPLICATION**

- Annual License Renewal Fee \$400.00

Please make checks payable to "City of Lakewood"

Visa/MasterCard/Discover accepted at front counter

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



## LODGING FACILITY LICENSE RENEWAL APPLICATION

**NAME OF BUSINESS:** \_\_\_\_\_

DBA (Doing Business as): \_\_\_\_\_

Complete Address (City, State, Zip Code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Applicant is a (check one): \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Limited Liability Company

Residential Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number \_\_\_\_\_ or Tax ID number \_\_\_\_\_

### INDIVIDUAL INFORMATION

Legal name of individual: \_\_\_\_\_

Aliases Used: \_\_\_\_\_

**PARTNERSHIP INFORMATION** (Pick one) \_\_\_ General or \_\_\_ Limited

Name of Partnership: \_\_\_\_\_

Full names of all partners: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CORPORATION INFORMATION**

Name of Corporation: \_\_\_\_\_

President \_\_\_\_\_

Vice-President \_\_\_\_\_

Treasurer \_\_\_\_\_

Secretary \_\_\_\_\_

Director(s) \_\_\_\_\_

**LIMITED LIABILITY INFORMATION**

Name of LLC: \_\_\_\_\_

Date of Formation: \_\_\_\_\_

List the full name of the manager(s): \_\_\_\_\_

**CURRENT ON-SITE MANAGER(S)**

Manager(s) Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the premise leased? Yes \_\_\_\_ or No \_\_\_\_

If yes, state name and address of the landlord and term of lease. If the lease has changed since the last application, attach a copy of the new lease.

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF GUEST ROOMS (does not include office, storage, utility rooms, etc.): \_\_\_\_\_**

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## 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