

## MESSAGE BUSINESS LICENSE RENEWAL APPLICATION

It is unlawful for any person to maintain or operate a Massage Business without first obtaining a license from the City Clerk's Office pursuant to this Chapter 5.52 of the Lakewood Municipal Code.

### ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Proof of Possession of Premise. Deed or lease (lease must cover one-year minimum from issue date of license).
- Certificate of Good Standing as evidence that the corporation or Limited Liability is in good standing under the statutes of the State of Colorado.
- If Corporation or LLC, Articles of Incorporation or Articles of Organization.

### FEEES REQUIRED FOR INITIAL APPLICATION

- Annual License Fee           \$300.00
- Manager Renewal Fee       \$35.00 each

Please make checks payable to "City of Lakewood"

Visa/MasterCard/Discover accepted at City Clerk's front counter

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



## MESSAGE BUSINESS RENEWAL APPLICATION

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

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

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

**OWNERSHIP:**

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

Name of Ownership Entity: \_\_\_\_\_

Name of owner: \_\_\_\_\_ Alias (also known as): \_\_\_\_\_

Complete Residential Address of Owner: \_\_\_\_\_

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

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

Mailing Address of Applicant (if different than business address):

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

**BUSINESS OPERATIONS:**

Hours of operation: (from when to when)

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

**REGISTERED MANAGER(S):**

Is the owner also the only manager for the business?  Yes or  No

Are you also a Colorado Licensed Massage Therapist?  Yes or  No

If yes, provide License Massage Therapist (LMT) number: \_\_\_\_\_

List Approved Registered Manager(s):

Full name: \_\_\_\_\_ If Colorado LMT, provide license number: MT. \_\_\_\_\_

Full name: \_\_\_\_\_ If Colorado LMT, provide license number: MT. \_\_\_\_\_

Full name: \_\_\_\_\_ If Colorado LMT, provide license number: MT. \_\_\_\_\_

Please attach an additional page if you employ more approved managers.

List LMT(s):Colorado Licensed Massage Therapists who work for this business:

Full name: \_\_\_\_\_ Current DORA LMT number: MT. \_\_\_\_\_

Full name: \_\_\_\_\_ Current DORA LMT number: MT. \_\_\_\_\_

Full name: \_\_\_\_\_ Current DORA LMT number: MT. \_\_\_\_\_

Full name: \_\_\_\_\_ Current DORA LMT number: MT. \_\_\_\_\_

Full name: \_\_\_\_\_ Current DORA LMT number: MT. \_\_\_\_\_

Please attach an additional page if you employ more Colorado LMT's.

Have you made any changes to the business since your original application? For example, you may have converted a storage closet to a massage room, or you have added a new piece of equipment, or changed your lobby or restrooms. \_\_\_ Yes or \_\_\_ No

If yes, please specify and submit a new floor plan, if necessary:

---

---

---

---

Is the property \_\_\_ owned or \_\_\_ Leased?

If leased, list the name and address of the landlord:

Landlord name: \_\_\_\_\_ Landlord address: \_\_\_\_\_

Lease terms: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Within the past year, has the applicant or principal owner had any involvement in the ownership and/or operation of a massage business elsewhere in Lakewood or other locations in Colorado?

\_\_\_ Yes or \_\_\_ No

If yes, please provide name and address of business:

---

---

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

I understand I have a continuing obligation to provide updated information on questions in applications submitted to the City of Lakewood. Should an answer change, or new information becomes available, I will contact the city at 303-987-7080.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**MASSAGE BUSINESS LICENSE  
MANAGER REGISTRATION RENEWAL**

Business name: \_\_\_\_\_

Business address (City, State, Zip Code): \_\_\_\_\_

Manager name: \_\_\_\_\_

Alias (also known as: \_\_\_\_\_

Home address (City, State, Zip Code): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a licensed massage therapist with the State of Colorado? \_\_\_ Yes or \_\_\_ No

If yes, provide Colorado Licensed Massage Therapist number: \_\_\_\_\_

Is this a manager change for the massage business? \_\_\_ Yes or \_\_\_ No

If yes, provide the name/alias of the former manager: \_\_\_\_\_

Have you received any disciplinary actions taken by any state or local massage therapy board or criminal convictions for violations of a massage therapy practice act in any jurisdiction or possession of the United States in the past 12 months? \_\_\_ Yes or \_\_\_ No

If yes, what disciplinary actions did you received? \_\_\_\_\_

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

I understand I have a continuing obligation to provide updated information on questions in applications submitted to the City of Lakewood. Should an answer change, or new information becomes available, I will contact the city at 303-987-7080.

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

\_\_\_\_\_  
Date