

MANAGER REGISTRATION APPLICATION

It is unlawful for any person to work as a manager of a massage business without a massage business manager's license, unless they are the owner of a licensed massage business, from the City Clerk's Office pursuant to this Chapter 5.52 of the Lakewood Municipal Code.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Photocopy of Colorado State ID, Driver's License or Passport
- Authority of Release of Information

FEEES REQUIRED FOR MANAGER REGISTRATION APPLICATION

- | | |
|-----------------------------------|----------|
| • Manager License Fee | \$75.00 |
| • Fingerprinting & Background Fee | \$38.50 |
| Total Fees Due | \$113.50 |

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 Manager Registration, please call the City Clerk's Office 303-987-7080.



MASSAGE BUSINESS LICENSE MANAGER REGISTRATION

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: _____

Has the applicant, been convicted of, or pled "nolo contendere" to, a felony or misdemeanor, in any federal, state, or municipal court in any of the United States jurisdictions or possessions, for prostitution, or of operating a prostitution enterprise, fraud, theft, embezzlement, kidnapping, human trafficking, money laundering, or similar crimes? Failure to disclose any criminal conviction of the nature described within this paragraph may result in denial of the license application.

Yes or No If yes, provide a statement of the jurisdiction, charge, and details on a separate sheet.

If yes, provide the following:

Date of conviction: _____ City/State where conviction occurred: _____

Disposition of the citation: _____

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? ___ Yes or ___ No

If yes, what disciplinary actions did you receive? _____

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. I understand I will need to be fingerprinted and photographed. Should an answer change, or new information becomes available, I will contact the city at 303-987-7080.

Applicant Signature

Date

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

Notary Public

Commission Expires

(Notary stamp here)

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 before me on this _____ day of _____, _____

Notary Public

Expiration Date

(Notary Seal)

BACKGROUND INVESTIGATION REPORT FOR MESSAGE BUSINESS APPLICATIONS

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

1. **NAME OF BUSINESS:** _____

2. Trade name: _____

3. Business address: _____

City: _____ State: _____ Zip Code: _____

4. Business phone number: _____

PERSONAL INFORMATION

5. Your name (Last, First, Middle initial): _____

6. Other names used: _____

7. Home address: _____

City: _____ State: _____ Zip Code: _____

8. Home phone: _____

9. Date of birth: _____ 10. Place of birth: _____

11. Sex: _____ 12. Race: _____ 13. Eye color: _____

14. Height: _____ 15. Weight: _____ 16. Hair color: _____

17. Social Security number: _____ 18. Driver's License number: _____

19. List state issuing Driver's License: _____

20. Has your driver's license ever been revoked or suspended? ____ Yes or ____ No

If yes, please provide details (include date and location):

I certify that the information contained in this Background Investigation Report, 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. I consent to the release of all financial information relative to this application.

I understand I have a continuing obligation to provide updated information on questions in the applications submitted to the city. I further understand I will need to be fingerprinted and photographed. Should an answer change, or new information become available, I will contact the City Clerk's Office at 303-987-7080.

This must be signed before a notary.

Applicant's Signature

Date

Subscribed and sworn before me on this _____ day of _____, _____
by _____.

Notary Public

My commission expires: _____