

LODGING FACILITY LICENSE 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 APPLICATION

- Legal Description of the Property (you can contact the Jeffco Assessor's Office).
- Proof of Possession of Premise.
- Deed or lease (lease must cover one-year minimum from issue date of license).
- Provide a floor plan of the licensed premises which specifies the number of rooms contained in the lodging facility. (The floor plan does not need to be professionally prepared.)
- Zoning Certificate.
- Certificate of Good Standing as evidence that the corporation or Limited Liability is in good standing under the statutes of the State of Colorado.
- For Foreign corporation or company, evidence of authorization to do business in the State of Colorado.
- If Partnership, a Partnership Agreement (not needed if husband and wife).
- If Corporation or LLC, Articles of Incorporation or Articles of Organization.

FEES REQUIRED FOR INITIAL APPLICATION

• Application Fee	\$350.00
• Annual License Fee	\$400.00
Total Fees Due	\$750.00

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 303-987-7080.

LODGING FACILITY LICENSE DOCUMENT CHECKLIST

All supporting documents must be submitted and required fees must be included with the application. Incomplete applications will not be accepted.

- Application
- Legal description of the property (you can contact the Jeffco Assessor's Office)
- Deed or Lease (must cover one-year minimum from issue date of license)
- Floor plan to include the number of rooms contained in the Lodging Facility
- Zoning Certificate
- Manager Registration
- Emergency Contact Form

PARTNERSHIP DOCUMENT

- Partnership agreement (not needed if husband and wife)
- Certificate of partnership

CORPORATE DOCUMENTS (IF CORPORATION)

- Certificate of Good Standing
- Articles of Incorporation (stamped by Secretary of State's Office)

LIMITED LIABILITY COMPANY

- Certificate of Good Standing
- Articles of Organization (stamped by Secretary of State's Office)

FEES

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LODGING FACILITY LICENSE APPLICATION

NAME OF BUSINESS: _____

DBA (Doing Business as): _____

Complete Address (City, State, Zip Code): _____

Phone: _____ Email: _____

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

Complete Residential Address of Applicant: _____

City: _____ State: _____ Zip: _____

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

City: _____ State: _____ Zip: _____

Social Security Number _____ or Tax ID number _____

Number of Guest Rooms (does not include offices, storage, utility rooms, etc.): _____

INDIVIDUAL INFORMATION

Legal name of individual: _____

Aliases Used: _____

PARTNERSHIP INFORMATION General or Limited

Name of Partnership: _____

Full names of all partners: _____

CORPORATION INFORMATION

Name of Corporation: _____

President _____

Vice-President _____

Treasurer _____

Secretary _____

Director(s) _____

List the full name and address of the registered agent: _____

LIMITED LIABILITY INFORMATION

Name of LLC: _____

Date of Formation: _____

List the full name of the manager(s): _____

List the full name and complete address of the registered agent: _____

Has the applicant – individual, partner, corporation, officer, director, or stockholder or LLC member previously operated or currently operating or has been employed at a lodging facility?

___ Yes or ___ No If yes, complete the following.

Name of person: _____

Relationship to the applicant: _____

Dates of operation or employment: _____

Name and location of the business: _____

Has the applicant – individual, partner, corporation, officer, director, or stockholder or LLC member ever had a previous lodging license denied, suspended or revoked or declared a public nuisance?

___ Yes or ___ No If yes, complete the following:

Name of person: _____

Relationship to the applicant: _____

Name and location of the business: _____

Date of denial: _____

Reason for denial: _____

Has the applicant or any other individuals listed in this application ever been a partner of a partnership, an officer or director of a corporation or manager of a limited liability company of a business whose lodging facility license has previously been denied, suspended, revoked or declared a public nuisance?

___ Yes or ___ No If yes, complete the following:

Name of person: _____

Relationship to this applicant: _____

Name and location of the business: _____

Date of denial: _____

Reason for denial, suspension, revocation or declaration of public nuisance: _____

Does the applicant or any other individuals listed in this application hold any other lodging facility license or other similar lodging facility license from another city or county?

___ Yes or ___ No If yes, complete the following:

Name of the business(es): _____

Location(s) of the business(es): _____

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



LODGING FACILITY LICENSE
MANAGER REGISTRATION

Licensee's Name: _____

Business Address: _____

Phone number: _____ Email: _____

Manager(s) Name: _____

Authorized Signature

Title

Print Name

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