

CITY AND COUNTY OF DENVER MESSAGE PARLOR LICENSE APPLICATION

Office of Excise and Licenses
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
(720) 865-2740

<input type="checkbox"/> New License Application <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Modification of Premises	Fees: <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Application:</td> <td style="text-align: right;">\$500.00</td> </tr> <tr> <td style="padding-left: 20px;">License:</td> <td style="text-align: right;">\$200.00</td> </tr> <tr> <td style="padding-left: 20px;">Fingerprint Background Check:</td> <td style="text-align: right;">\$ 38.50</td> </tr> </table>	Application:	\$500.00	License:	\$200.00	Fingerprint Background Check:	\$ 38.50
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Instructions: 1. Attach the Application and License Fees. 2. Attach Approved Zoning Use Permit. 3. Attach detailed sketch of interior showing each area devoted to massage. 4. Include 3 maps of the area. Maps may be obtained at 201 West Colfax Avenue (Webb Building), 3 rd Floor, Reproduction Services.	(FOR OFFICE USE ONLY. PLEASE DO NOT WRITE IN THIS SPACE.) Date Filed: _____ Date Approved: _____ Date Denied: _____						
1. Name of Applicant: _____ 1b. Trade Name of Establishment (DBA) _____							
1c. Address of Business to be Licensed (Number and Street) _____ City or Town _____ State _____ Zip Code _____							
1d. Applicant is Applying as a: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Association or Other							
Name	Address	Date of Birth					
2. If applicant is a corporation, partnership, association, or limited liability company, applicant must list ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS with ownership of 10% or more. In addition, the applicant must list any stockholders, partners, or members with OWNERSHIP IN THE APPLICANT. ALL PERSONS LISTED BELOW must also attach an Individual History form and submit to fingerprinting by the Department of Excise and Licenses.							
	HOME ADDRESS, CITY & STATE	DOB	POSITION(S)	% OWNED			
Additional Documents to be submitted by type of entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Certificate of Good Standing (if more than 2 years old) <input type="checkbox"/> Certificate of Authority (if foreign corporation) <input type="checkbox"/> Partnership <input type="checkbox"/> Partnership Agreement (General or Limited) <input type="checkbox"/> Husband and Wife partnership (no written agreement) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Articles of Organization <input type="checkbox"/> Certificate of Authority (if foreign company) <input type="checkbox"/> Operating Agreement <input type="checkbox"/> Association or Other <input type="checkbox"/> Attach a copy of agreements creating the association or relationship between the parties.							
3. Is the applicant (including any of the partners, if a partnership; members or managers, if a limited liability company; or officers, stockholders or directors, if a corporation) or manager under the age of eighteen years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
4. Has the applicant (including any of the partners, if a partnership; members or managers, if a limited liability company; or officers, stockholders or directors, if a corporation) or manager ever (in Colorado or any other State):							
(a) been denied a massage parlor license?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
(b) had a massage parlor license suspended or revoked?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
(c) had interest in another entity that had a massage parlor license suspended or revoked?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered yes to 3(a), (b), or (c), explain in detail on a separate sheet.							
5. Has the applicant (including any of the partners, if a partnership; members or managers, if a limited liability company; or officers, stockholders or directors, if a corporation) or manager had a massage parlor license application denied at this proposed location within the preceding two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail.							
6. Has a massage parlor license ever been issued to the applicant (including any of the partners, if a partnership; members or managers, if a limited liability company; or officers, stockholders or directors, if a corporation)? If yes, identify the name of the business and list any current or former financial interest in said business including any loans to or from the licensee. <input type="checkbox"/> Yes <input type="checkbox"/> No							

7. Does the Applicant, as listed on line 1 of this application, have legal possession of the premises for at least 1 year from the date that this license will be issued by virtue of ownership, lease, or other arrangement?
 Ownership Lease Other (Explain in detail) _____ Yes No

a. If leased, list the name of the landlord and tenant and the date of expiration, **EXACTLY** as they appear on the Lease:

Landlord	Tenant	Expires
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b. Attach complete plans and specifications for the interior of the building (including dimensions) and outline or designate the area to be licensed which shows all rooms and service areas.

8. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies), will loan or give money, inventory, furniture, or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.

NAME	DATE OF BIRTH	FEIN or SSN	Interest

Attach copies of all notes and security instruments, and any written agreement, or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.

9a. Name of Manager _____ Date of Birth: _____

9b. Does this manager act as the manager of, or have a financial interest in, any other massage parlor licensed establishment in the State of Colorado?
 Yes No

If yes, provide the name and address of said business.

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application, our massage parlor license application, and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Colorado Revised Statutes Massage Parlor and the Denver Revised Municipal Code, which govern my massage parlor license.

Authorized Signature:	Title	Date
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OTHER REQUIREMENTS:

1. Attach the Application and License Fees.
2. Attach Approved Zoning Use Permit.
3. Attach detailed sketch of interior showing each area devoted to massage.
4. Include 3 maps of the area. Maps may be obtained at 201 West Colfax Avenue (Webb Building), 3rd Floor, Reproduction Services. Attach a copy of the lease, deed or other documentation which demonstrates the Applicant's right to possession of the proposed premises.
5. Attach copies of any loan notes, mortgages, or other security instruments, and any written agreements as referenced in number 8 above.
6. Attach individual history forms for those individuals listed in number 1 and number 9 or number 2 and number 9.
7. Attach a copy of the financial questionnaire.

(Revised October 2007)