

___ Yes ___ No

(6) Please attach the following information:

- Two photographs, at least 2” X 2” of the applicant (taken within the last 6 months)
- A report from a duly licensed physician in the State of Colorado verifying that any person who will provide a massage have within the last 30 days been examined and found to be free of any contagious or communicable diseases.
- Complete plans and specifications for the interior of the building if the building to be occupied is in existence at the time. If the building is not in existence, the applicant shall, in addition to the plans and specifications for the interior, submit an architect’s drawing of the building to be constructed.

(7) You are advised that every applicant, licensee, agent or employee of said applicant or licensee shall, prior to commencing work in or upon the license premises, obtain an identity card from the law enforcement agency within the licensing jurisdiction in a form prescribed by the local licensing authority and shall carry said identity card at all times while in or upon the licensed premises.

(8) A massage parlor shall not be open for business, admit customers or prospective customers or allow or permit any massage or treatment of any person upon the massage parlor premises between the hours of 2:00am and 8:00am.

(9) Each person that will be performing massage must complete a massage therapist application.

(10) Each manager of the massage parlor must complete a manager registration form.

I hereby declare that I will comply with all of the requirements of the ordinances and regulations of the City of Commerce City and that, under penalty or perjury, the statements and documents constituting a part of this application are true, correct and complete to the best of my knowledge.

(Applicant’s Signature)

(Title)

(Date)

CITY USE ONLY

Department	Action	By	Date
Police	_____	_____	_____
Community Development	_____	_____	_____
Finance Director	_____	_____	_____
Other	_____	_____	_____

**Massage Parlor Business
Manager Registration Form**

Please Note: Each manager must complete this form.

Today's Date: _____ Date Hired: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Manager's Legal Name: _____

Aliases: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Social Security Number: _____

Date of Birth: _____

Proof of Age Documentation (attach a copy of identification):

A driver's license or other type of photo identification that provides the applicant's birth date is acceptable

1. Driver's License Number: _____ State of Issue: _____
Expiration Date: _____

OR

2. Type: _____ Number: _____
Expiration Date: _____

A. Have you ever been convicted of a felony, misdemeanor, or ordinance violation in any state? (exclude traffic violations)
Yes _____ No _____ If yes, please give full details, including nature of offense and punishment or penalty.

B. Have you ever had, or is there now pending against you, a judgment or conviction for fraud, deceit, or misrepresentation?
Yes _____ No _____ If yes, please give full details.

Please return this completed form and the copy of identification to the following address:

City of Commerce City
Attn: Sales Tax Department
5291 E. 60th Avenue
P.O. Box 40
Commerce City, CO 80037-0040

Police Department Use Only

Fingerprints: _____

Photos: _____