



7887 East 60th Avenue
 Commerce City, Colorado 80022
 Phone (303) 227-8854 / Fax (303) 227-8859
 www.c3gov.com

Please check one of the following:

- New Account**
- Renewal** (please indicate your account number): _____

Sexually Oriented Business License

New Business Fee: \$750.00
 Renewal Fee: \$500.00
 Investigation Fee: \$150.00 New License (Non-Refundable)
 Manager Fee: \$ 75.00 per Manager
 (Non-Refundable)
 CBI Criminal History Report - per **new** Manager
 ___ Arcade (Section 9-452-1)
 ___ Bookstore (Section 9-452-2)
 ___ Motel (Section 9-452-5)
 ___ Motion Picture (Section 9-452-6)
 ___ Theater, Photo or Art Studio (Section 9-452-7 & 8)

New Business Fee: \$800.00
 Renewal Fee: \$800.00
 Investigation Fee: \$150.00 New License (Non-Refundable)
 Manager Fee: \$ 75.00 per Manager
 (Non-Refundable)
 CBI Criminal History Report – per **new** Manager
 ___ Adult Cabaret & Entertainment (Section 9-452- 3 & 4)
 ___ Sexual Encounter Center (Section 9-452-24)

Business Information

Nature of Business or Products Sold (be descriptive): _____
 Legal Name of Applicant: _____
 Trade Name of Business: _____
 Location Address of Business: _____
 Mailing Address: _____
 Business Telephone Number: _____
Indicate Type of Ownership:
 ___ Individual ___ Partnership ___ Corporation ___ Other (if other please list type): _____
 Federal Tax Number: _____

Ownership Information

Required Identification of Owner, Partners, Officers, Directors and Chief Executive Officer

Single Proprietorship Owner

Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

Partnership Owners

(1) Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

(2) Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

Corporation Owner
President

Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

Vice President

Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

Secretary

Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

Treasurer

Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

Director(s)

(1) Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

(2) Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

Other Type of Business Owner
Chief Executive Officer

Legal Name: _____ Aliases or Nickname: _____
 Home Address: _____ Telephone Number: _____
 Date of Birth: _____ Driver's License #: _____ State of Issue: _____
 Social Security Number: _____

If additional space is needed for owners, corporate officers or partners, please attach a separate sheet.

Miscellaneous Information	<p>(1) Has a previous sexually oriented business licensed in Commerce City or another City or County been denied, suspended or revoked? Yes ____ No ____ If yes, provide name(s), location(s) and date(s) of the denial, suspension or revocation. Business Name: _____ Date: _____ Location: _____</p> <p>(2) Does applicant or any individual listed above hold any other sexually oriented business license or adult business license issued by another City, Town or County? Yes ____ No ____ If yes, provide name(s), location(s) and date(s) of the denial, suspension or revocation. Business Name: _____ Date: _____ Location: _____</p> <p>(3) Have you or any of the persons listed above 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. _____ _____</p> <p>(4) Have you or any of the persons listed above had, or is there pending against you, a judgment or conviction for fraud, deceit or misrepresentation? Yes ____ No ____ If yes, please give full details _____ _____</p> <p>(5) Is your business in good standing to conduct business in the State of Colorado? Yes ____ No ____ If no, please give full details. _____</p>
Property Info.	<p>Required property information to be attached to application form: Legal Description of Property Interior Floor Plan Certificate of Land Survey of Property (Prepared within 30 days of applying) Proof of Right to Possession (Lease or Deed) Certificate of Good Standing</p>

Please Note:

All individuals listed on this application are required to provide photographs and fingerprints to the Commerce City Police Department. Any change in the partnership, officers, directors, corporate license or chief executive officers shall terminate this license unless a written notice of change is sent to the Finance Department within thirty days along with a renewal application fee.

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 of 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	_____	_____	_____
Zoning	_____	_____	_____
Finance Director	_____	_____	_____
Fire Department	_____	_____	_____
Health Department	_____	_____	_____

**Sexually Oriented Business
Manager Registration Form**

Please Note: Each manager must complete this form. In the event a licensee changes the manager of a sexually oriented business, the licensee shall immediately report such change to the Department of Finance and register the new manager within five (5) days of such change.

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: _____