



Received: [ ]

MASSAGE BUSINESS LICENSE
NEW OR RENEWAL APPLICATION

Pursuant to Article 3 of Chapter 2 of the City Code
for the licensing of Massage Business locations only

[ ] NEW LICENSE APPLICATION [ ] RENEWAL APPLICATION

This application must be FULLY COMPLETE, WITH ALL REQUIRED ATTACHMENTS, AND MUST BE ACCOMPANIED BY THE
REQUIRED \$110 application fee plus a \$7 background check fee for each owner, officer, and manager payable to the City of
Colorado Springs, in cash, check, credit card (Visa or MC only), or money order.

SECTION A: APPLICANT/LICENSEE INFORMATION

1. Name of Business Applicant/Licensee (list Corporation/LLC/Partnership/Association/Sole Proprietor, as applicable):
2. Trade Name (DBA):
3. MAILING Address: City: State: ZIP:
4. Business Phone: Alternate Phone: Email:
5. Colorado SOS Entity ID: FEIN:
7. Business Primary Agent/Contact Name: Title:

SECTION B: DESCRIPTION OF SERVICES TO BE PROVIDED Attach additional sheet as needed.

8.

SECTION C: PREMISES / BUSINESS LOCATION INFORMATION

9. Is this application for an additional location with the same/common ownership and management?
[ ] Yes [ ] No If yes, attach complete listing of locations to be licensed in the City.
10. Business Location Address & ZIP Code:
11. Property Tax Schedule No.: Zoning:
12. Location Primary Contact Name:
13. Location Phone: Alternate Phone:
14. Terms of legal possession for which application is made: [ ] Owned [ ] Leased [ ] Other
• ATTACH executed copy of deed, lease, or other arrangement for legal possession of the premises.
• ATTACH diagram (see checklist).
NOTE for renewal applications only: [ ] I affirm that there have been no changes to the diagram or possessory documentation
or use of the premises since the last annual application and hereby adopt the documentation previously submitted.
If leased, provide the terms: Start Date: End Date:
Dimensions of Premises: Total Square Footage:

**SECTION D: OWNERSHIP AND MANAGEMENT STRUCTURE**

15. **LIST ALL** persons with any ownership interest in the licensee, plus all non-owner officers and managing agent, and list ownership interest percentage as applicable. List any parent company/organization on a separate line and attach organizational flow chart.

**\*\*NOTE:** Attach one completed and signed Section E and F (page 3) and copy of current valid photo ID for each individual name listed.

<b>Full Name:</b>		<b>Position/Title:</b>	
<b>Date of Birth:</b>		<b>% Owned:</b>	
<b>Residence Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Full Name:</b>		<b>Position/Title:</b>	
<b>Date of Birth:</b>		<b>% Owned:</b>	
<b>Residence Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Full Name:</b>		<b>Position/Title:</b>	
<b>Date of Birth:</b>		<b>% Owned:</b>	
<b>Residence Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Full Name:</b>		<b>Position/Title:</b>	
<b>Date of Birth:</b>		<b>% Owned:</b>	
<b>Residence Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Full Name:</b>		<b>Position/Title:</b>	
<b>Date of Birth:</b>		<b>% Owned:</b>	
<b>Residence Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Full Name:</b>		<b>Position/Title:</b>	
<b>Date of Birth:</b>		<b>% Owned:</b>	
<b>Residence Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Full Name:</b>		<b>Position/Title:</b>	
<b>Date of Birth:</b>		<b>% Owned:</b>	
<b>Residence Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>

Complete pages 3 & 4 for each owner, officer, and managing agent of the business. Attach additional pages as needed.

**SECTION E: INDIVIDUAL WORK AND RESIDENT HISTORY;  
Attach Completed Lawful Presence Affidavit (page 4)**

16. Full individual owner, officer, or managing agent name:

List work history for the past 5 years. List most recent history first.

Employer and Job Title	City/State/Zip	Dates (mm/yy – mm/yy)
Employer and Job Title	City/State/Zip	Dates (mm/yy – mm/yy)
Employer and Job Title	City/State/Zip	Dates (mm/yy – mm/yy)
Employer and Job Title	City/State/Zip	Dates (mm/yy – mm/yy)
Employer and Job Title	City/State/Zip	Dates (mm/yy – mm/yy)

List residence address(es) for the past 5 years. List most recent address(es) first.

Address/City/State/Zip	Dates (mm/yy – mm/yy)
Address/City/State/Zip	Dates (mm/yy – mm/yy)
Address/City/State/Zip	Dates (mm/yy – mm/yy)
Address/City/State/Zip	Dates (mm/yy – mm/yy)
Address/City/State/Zip	Dates (mm/yy – mm/yy)

**SECTION F: INDIVIDUAL BACKGROUND INFORMATION AND RELEASE**

17. Has the Individual listed above ever been arrested, charged, or convicted of ANY criminal offense or received a deferred sentence?

Yes  No If yes, attach explanation, including date(s), location(s) and disposition(s).

18. Has the individual listed above ever been convicted of operating as an individual or a business without a license?

Yes  No If yes, attach explanation, including date(s), location(s) and disposition(s).

19. Has the Individual listed above ever had a business license denied, suspended, or revoked, whether in this locality or any other locality?

Yes  No If yes, attach detailed explanation and any documents to prove settlement or resolution.

By signing this document, I authorize and consent to any background investigation and the release of any documentation or other information that is necessary to determine my present and continuing suitability pursuant to City Massage Business License Code which may include, but is not limited to, CBI and FBI investigations, and that this consent to release any and all information continues as long as I hold a Massage Business License. I agree to cooperate and execute any releases or other documentation necessary to obtain my background information.

Signature: \_\_\_\_\_  
Individual owner, officer or managing agent

Date: \_\_\_\_\_

Complete pages 3 & 4 for each owner, officer, and managing agent of the business. Attach additional pages as needed.



OFFICE OF THE CITY CLERK  
LAWFUL PRESENCE AFFIDAVIT

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

I am a United States citizen; or

I am a Permanent Resident of the United States; or

I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete pages 3 & 4 for each owner, officer, and managing agent of the business. Attach additional pages as needed.**

# CITY OF COLORADO SPRINGS POLICE DEPARTMENT AFTER HOURS EMERGENCY CONTACT INFORMATION

CONFIDENTIAL INFORMATION FOR THE COLORADO SPRINGS POLICE AND FIRE DEPARTMENTS IN THE EVENT OF EMERGENCY NOTIFICATIONS AND RESPONSES

LICENSEE/TENANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TENANT TRADE NAME/DBA: \_\_\_\_\_

PREMISES ADDRESS: \_\_\_\_\_

UNIT/SUITE #: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE (MAIN#): \_\_\_\_\_ OR ALTERNATE/AFTER HOURS#): \_\_\_\_\_

BUSINESS/COMPLEX NAME: \_\_\_\_\_

GATE CODES/DOOR CODES: \_\_\_\_\_ KNOX BOX LOCATION: \_\_\_\_\_

ANY KNOWN HAZARDOUS MATERIALS ON THE LOCATION: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY REQUIRING A RESPONSIBLE PARTY AT THE LOCATION LIST THE APPROPRIATE CONTACTS IN THE ORDER TO BE CALLED, INCLUDING ON-SITE MANAGER(S) OR AUTHORIZED PERSON(S) WITH MASTER KEYS.**

**1st)** \_\_\_\_\_  
Print Name Title

\_\_\_\_\_ Home Phone Cell or Pager  
Address

**2nd)** \_\_\_\_\_  
Print Name Title

\_\_\_\_\_ Home Phone Cell or Pager  
Address

**3rd)** \_\_\_\_\_  
Print Name Title

\_\_\_\_\_ Home Phone Cell or Pager  
Address

**NOTE:**

**NECESSARY CHANGES TO THIS INFORMATION CAN BE MADE IMMEDIATELY BY CALLING THE COLORADO SPRINGS POLICE DEPARTMENT (719) 444-7000, OR BY MAILING TO THE COLORADO SPRINGS POLICE DEPARTMENT COMMUNICATION CENTER, 705 SOUTH NEVADA AVENUE, COLORADO SPRINGS, CO 80903.**

**SECTION G: CHECKLIST**

Fully completed Massage Business license application, fees, and required supplemental attachments.

**Required Attachments:**

- Statement/description of massage therapy services provided for the identified business location/premises.
- Copy of current valid government issued photo ID for each owner, officer, and managing agent.
- Separate completed and signed pages 3 AND 4 for each owner, officer, and managing agent.
- Copy of current valid Certificates of Good Standing and Trade Name from Colorado Secretary of State.
- \*\*Copy of valid, executed possessory document (lease, deed, or other arrangement) for business location.
- \*\*Copy of current valid diagram of licensed premises (see City Code §2.3.103(A)(6) for details).
  - No larger than 8.5"x11" (does not need to be drawn to scale).
  - Include dimensions and total square footage.
  - If more than one level, a separate page/diagram for each level.
  - Premises to be licensed outlined in bold.
  - Identify the use of each room and area in the licensed premises.
  - Show type of control of exterior areas, including fences, walls, and entry/exit points.

\*\* For renewal application, these items are waived if licensee affirms no changes since last annual application.

**SECTION H: AFFIRMATION AND OATH OF APPLICANT**

I, \_\_\_\_\_ (printed name), as the authorized representative of the Massage Business listed herein, declare under the penalty of perjury and under penalty for offering a false instrument for recording that this entire application, statements, and attachments are true, correct, and complete to the best of my knowledge. I further declare and consent that:

1. This statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Massage Business License by the City of Colorado Springs (initial here) \_\_\_\_\_;
2. I am aware that later discovery of an omission, or misrepresentation made, may jeopardize any future business license, as such falsehood or omission constitutes evidence regarding that the character of the applicant (initial here) \_\_\_\_\_;
3. I understand that the Massage Business must be in and maintain compliance with all applicable regulations by other applicable governmental agencies which may include, but is not limited to, Health, Sales Tax, Zoning, Land Use, Building, and Fire Codes (initial here) \_\_\_\_\_;
4. I understand and acknowledge that the City Clerk's Office may request other relevant information from me in connection with this application. Failure to provide the requested information may result in denial of this application. I also acknowledge that the City Clerk's Office cannot accept an application unless it is accompanied by the required fees. The failure to pay the required fees or provide other required information may result in denial of this application (initial here) \_\_\_\_\_;
5. I understand that any Massage Business License issued is conditional and must be annually renewed prior to the expiration date, unless earlier revoked or surrendered (initial here) \_\_\_\_\_;
6. I have read all of the above information and understand my responsibilities as the authorized representative of the Massage Business. I further understand that failure to comply with any laws, regulations, or the provisions of this affirmation may be grounds for disciplinary action including, but not limited to, the suspension or revocation of the license or other criminal or administrative penalties (initial here) \_\_\_\_\_.

Applicant/Business/Licensee Authorized Signature:

Date:

Printed Name:

Title: