



City of Centennial

MESSAGE ESTABLISHMENT APPLICATION

INDIVIDUAL HISTORY REPORT

APPLICANT INFORMATION				
NAME OF BUSINESS:				
Last Name		First		M. I. Sex: M F
Home Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Date of Birth		Social Security Number		Driver's License Number/State
Height		Hair Color		Eye Color
Place of Birth				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Alien Registration No:			Permanent Residence No:	
Has Applicant ever used another name? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give details:				
RESIDENCES				
Addresses for the Past Five (5) Years:				
EDUCATIONAL HISTORY				
POST HIGH SCHOOL EDUCATION/QUALIFICATIONS				
Facility		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Qualification
Facility		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Qualification
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Qualification

CRIMINAL HISTORY

Offence:	Date of Conviction:
Court & Case No.:	
State & County of Court	

PREVIOUS EMPLOYMENT (10 YEARS) – USE ADDITIONAL SHEET IF REQUIRED

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
ADDITIONAL INFORMATION (attach separate sheet if necessary)	
Do you hold, or have you held, a direct or indirect interest in any other massage parlor license? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, give details:	
Have you, any member of your family, or any corporation, company, or partnership in which you had a 10% or greater ownership or where you held an officer or director or manager position, ever had a massage parlor license suspended, revoked, or refused? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, give name, date, jurisdiction and action taken:	
DISCLAIMER AND SIGNATURE	
I certify the information contained in the Individual History Report, and all attachments hereto, is true and complete, and I understand that any misrepresentation or falsification may result in the rejection of this application or suspension/revocation of the license. I understand I have a continuing obligation to provide updated information on questions in applications submitted to the City. I understand I will need to be fingerprinted and submit recent photographs. Should an answer change, or new information becomes available, I will contact the City at (303) 754-3371.	
Signature	Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

(SEAL)

My Commission Expires: _____