



FINANCIAL QUESTIONNAIRE

This questionnaire will be provided to the City Manager and shall be reviewed by staff, but will not be made available to the public.

The applicant hereby agrees that any knowingly false or incomplete answer to the following questions may constitute reason for the denial, suspension, or revocation of the license applied for.

- 1. Name and Trade Name: _____
- 2. Business Address: _____ Business Phone: _____
- 3. Name of applicant(s): _____

- 4. If corporation or LLC, name of shareholders or members with 10% or greater interest: _____

- 5. If existing business is being purchased, list purchase price, including inventory:

- 6. If new application, what is the amount to be invested? _____
- 7. Cash to be invested:

By Whom	Where Obtained (Savings, Checking Acct., Etc.)	Account Numbers	Amount

- 9. Complete the following information regarding the bank where the business account will be maintained:

Name of Bank and Phone Number	Name Account is Under	Account Number	Names of Persons Authorized to Draw Thereon

10. Applicant hereby agrees to notify the City Clerk of any changes in the financing of this business.

(The following affidavit is to be signed and acknowledged by (1) individuals, (2) each member of partnerships or (3) by Corporations/LLC

STATE OF COLORADO)
)
County of Arapahoe) ss.

I, the applicant; or (state office) _____

of the above named corporate applicant; affirm that I have read the foregoing Financial Questionnaire and that I know the contents thereof, and that all matters and things therein set forth are true and complete to the best of my knowledge.

Corp. Officer or LLC Managing Member sign here:

Corporate
Seal

Name of Entity: _____

Subscribed and sworn
before me this ___ day of _____
20___ at _____

Individuals and partnerships sign here:

Signature of Notary Public

My commission expires:

(SEAL)



AUTHORIZATION AND RELEASE FOR FINANCIAL INFORMATION

I, _____, the applicant or licensee for a Massage Parlor License in the City of Centennial, Arapahoe County, Colorado, do hereby authorize the City Manager, or its designated agent, without further permission from the applicant or licensee, to inquire of and obtain financial information concerning the applicant or licensee from any source or sources herein listed.

Signature of Applicant or Licensee

Date of Signature

Subscribed and sworn to before me by _____ this ____ day of _____, 200____, at _____.

Notary Public

My Commission Expires _____

(SEAL)