



13133 East Arapahoe Road • Centennial, CO 80112
www.centennialco.gov • (P) 303.325.8000

APPLICATION FOR MASSAGE ESTABLISHMENT LICENSE

NEW APPLICATION RENEWAL APPLICATION AMENDMENT

Business Information:

Applicant Name: (Corporation or LLC Name. If Sole Proprietor or Partnership, individual names)	
Trade Name:	
Street Address:	
City State and ZIP Code:	
Mailing Address: (if different than location)	
Business Phone:	
E-Mail Address:	
Website Address	
City of Centennial Business License Number	
State of Colorado Sales Tax Number	

On-Site Manager(s): (Please list the following information for all managers of the applicant or the applicant's proposed massage business – using a separate sheet of paper where necessary)

Name of On-Site Manager:
Date of Birth:

Is the On-Site Manager a Principal Owner?

If applicant is a corporation, partnership or limited liability company, the applicant must list ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. In addition, applicant must list any stockholders, partners, or members with ownership of 10% or more in the application. All persons listed below must also attach an Individual History Report and submit the required documents including fingerprints and a photo.

Name/Title	Address	City/State/Zip	Phone	% Ownership

Checklist for attachments:

The following documents should accompany a new application for all Interested Persons (as defined in Section 6-8-20, Definitions of the Centennial Municipal Code)

- ___ Copy of ID (per Sec.6-8-160 of the Municipal Code) showing name and date of birth
- ___ Floor plan of the premises
- ___ Owner/Applicant and Manager Photo
- ___ Individual history report
- ___ Financial questionnaire (Additional financial documents may requested by the City)
- ___ Evidence of right to property: lease or deed (also required for a renewal if a new one has been signed at the time of renewal)
- ___ Evidence of Good Corporate Standing from Colorado Secretary of State Office (corporation, LLC or partnership)
- ___ Fees (check or money order payable to the City of Centennial: \$150.00 Initial application fee, plus \$350.00 annual City license fee)
- ___ List of All Current Employees of the Massage Parlor
- ___ Affidavit (pages 3 & 4 of the application)
- ___ Fingerprints + check or money order for CBI (**CBI will not accept a personal check**)

- The Applicant will acquire, as part of the application process, verification of zoning (in the form of a letter) from the Community Development Department.
- For renewals where there has also been a corporate or structure change the appropriate form should also be submitted.

- NO LICENSE WILL BE ISSUED UNLESS ALL INFORMATION REQUESTED IS PROVIDED

EMPLOYEES:

List information below for any and all employees of the massage establishment (listed in the application).

Name	Title	Address	City/State/ Zip	Phone	License # (if licensed by DORA)



AFFIDAVIT

I understand my obligations to:

- Keep license current and displayed (in accordance with Section 6-8-300)
- Ensure employees are properly attired (in accordance with Section 6-8-420)
- Conform hours of operation to City requirements (in accordance with Section 6-8-410)
- Inform the City whenever the manager of the establishment is changed (in accordance with Section 6-8-260)
- Ensure that all employees on the premises have immediately accessible ID (in accordance with Section 6-8-300)
- Ensure the establishment meets sanitary requirements (in accordance with Section 6-8-430)
- Ensure no unlawful acts on the premises (in accordance with Section 6-8-440)
- Allow entry to any Law Enforcement Officer to investigate the establishment during regular business hours or when any employee or agent is on the premises (in accordance with 6-8-500)

(Sign and notarize below)

Agreement and Signature

I submit this application with the understanding and agreement that any license which may be issued may be suspended for cause by the City. I understand and will comply with the provisions of the Centennial Municipal Code.

I affirm, that this application and all information therein is true, correct and complete to the best of my knowledge.

Applicant/Business Name: _____
 Name (print): _____
 Signature: _____
 Date: _____

State of Colorado)
) SS
 County of Arapahoe)

Subscribed and sworn to before me on this ____ day of _____ 20__.

(Seal)

 Notary Public
 My commission expires: _____

For Office Use Only:

Application is complete, fees paid, and background checks have been conducted:

_____ Date: _____
Barbara Setterlind, City Clerk

City Clerk Notes:

CITY MANAGER APPROVAL:

Approved: _____ Date: _____
Centennial City Manager

Denied: _____ Date: _____
Centennial City Manager

_____ If denied, applicant informed of decision to deny.
Date of Notification

License Number:	
Effective Date:	
Expiration Date:	