

All answers must be printed in black ink or typewritten					<input type="checkbox"/> New	<input type="checkbox"/> Existing/Transfer
Applicant must check the appropriate box(es)						
1. Applicant is applying as a/an (select one)		<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Association or Other		
		<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership (includes Limited Liability and Husband and Wife Partnerships)			
2. Applicant If an LLC, name of LLC; if partnership, at least 2 partner's names; if corporation, name of corporation					FEIN Number	
2a. Trade Name of Establishment (DBA)			State Sales Tax Number		Business Telephone	
3. Address of Premises (specify exact location of premises, include suite/unit numbers)						
City		County		State		ZIP Code
4. Mailing Address (Number and Street)		City or Town		State		ZIP Code
5. Email Address						
6. Has the applicant (including any of the partners if a partnership; members or managers if a limited liability company; or officers, stockholders or directors if a corporation) or managers ever (in Colorado or any other state):						
A. Been denied a massage facility license?						
B. Had a massage facility license suspended or revoked?						
C. Had interest in another entity that had a massage facility license suspended or revoked?						
If you answered yes to 6A, B, or C, explain in detail on a separate sheet.						
7. Does the applicant, as listed on line 2 of this application, have legal possession of the premises by ownership , lease or other arrangement?						
<input type="checkbox"/> Ownership <input type="checkbox"/> Lease <input type="checkbox"/> Other (Explain in Detail) _____						
If leased, list name of landlord and tenant, and date of expiration, exactly as they appear on the lease:						
Landlord		Tenant		Expires		
8. Who, besides the owners listed in this application (including persons, firms, partnerships, corporations, limited liability companies) will loan or give money, inventory, furniture or equipment to or for use in this business; or who will receive money from this business? Attach a separate sheet if necessary.						
Last Name		First Name	Date of Birth	FEIN or SSN	Interest/Percentage	
Last Name		First Name	Date of Birth	FEIN or SSN	Interest/Percentage	
Attach copies of all notes and security instruments and any written agreement or details of any oral agreement, by which any person (including partnerships, corporations, limited liability companies, etc.) will share in the profit or gross proceeds of this establishment, and any agreement relating to the business which is contingent or conditional in any way by volume, profit, sales, giving of advice or consultation.						
9. Tax Information <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the application, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business?						
10. If applicant is a corporation, partnership, association or limited liability company, 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 complete appropriate background checks. For additional information see application checklist.						
Name	Home Address, City & State		DOB	Position	%Owned	
Name	Home Address, City & State		DOB	Position	%Owned	
** If applicant is owned 100% by a parent company, please list the designated principal officer on above.						
** Corporations - the President, Vice-President, Secretary and Treasurer must be accounted for above (Include ownership percentage if applicable)						
** If total ownership percentage disclosed here does not total 100%, applicant must check this box:						
Applicant affirms that no individual other than those disclosed herein owns 10% or more of the applicant entity						
Oath Of Applicant						
I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of all Colorado laws which affect my license.						
Authorized Signature			Printed Name and Title		Date	