



Tax and Licensing Division
 15151 E. Alameda Parkway, Ste. 5700
 Aurora, Colorado 80012
 303.739.7800

MESSAGE FACILITY LICENSE INDIVIDUAL HISTORY RECORD

To be completed by the following persons, as applicable: sole proprietors; general partners regardless of percentage ownership, and limited partners owning 10% or more of the partnership; all principal officers of a corporation, all directors of a corporation, and any stockholder of a corporation owning 10% or more of the outstanding stock; managing members or officers of a limited liability company, and members owning 10% or more of the company; and any intended registered manager of a massage facility license. A background check is required of all persons holding 10% or greater financial interest in the business. In addition to this application, the following documents must be provided:

Notice: This individual history record requires information that is necessary for the licensing investigation or inquiry. All questions must be answered in their entirety or the license application may be delayed or denied. If a question is not applicable, please indicate so by "N/A". **Any deliberate misrepresentation or material omission may jeopardize the license application.** (Please attach a separate sheet if necessary to enable you to answer questions completely)

Name of Business	Home Phone Number	Cellular Number		
Your Full Name (last, first, middle)	List any other names you have used			
Mailing Address (if different from residence)	Email Address			
Current residence address and any previous addresses within the last five years. (Attach separate sheet if needed)				
Street and Number	City, State, Zip	From	To	
Current				
Previous				
List all employment within the last five years. (Attach separate sheet if necessary)				
Name of Employer	Address	Position Held	From	To
Have you ever had an interest in a massage business (If yes, answer in detail)			YES	NO



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d. Provide details of the corporate investment described in a. You must account for all of the sources of this investment. (Attach a separate sheet if needed)

Type: Cash, Services or Equipment	Account Type	Bank Name	Amount

e. Loan Information. (Attach copies of all notes or loans)

Name of Lender	Address	Term	Security	Amount

I declare that this application and all attachments are true, correct, and complete to the best of my knowledge.

Authorized Signature _____ **Date** _____

Print Signature _____

Title _____