



City of Aurora  
 Tax & Licensing Section, Suite #1100  
 15151 E. Alameda Parkway  
 Aurora, CO 80012  
 303-739-7057  
[www.auroragov.org](http://www.auroragov.org)

|                             |                            |
|-----------------------------|----------------------------|
| <b>Type of Application:</b> |                            |
| <input type="checkbox"/>    | After Hours/Teen Club      |
| <input type="checkbox"/>    | Escort Bureau              |
| <input type="checkbox"/>    | Massage Parlor             |
| <input type="checkbox"/>    | Pawnbroker                 |
| <input type="checkbox"/>    | Second Hand Dealer         |
| <input type="checkbox"/>    | Sexually Oriented Business |

\*\*\*Note: All areas must be completed by applicant with required information, "Yes", "No", or "None".  
 All incomplete forms will not be processed.

### Background Information Report

#### Applicant Information

|   |       |                                  |         |   |            |
|---|-------|----------------------------------|---------|---|------------|
| Name:   |       |                                  |         |   |            |
| Has Applicant Used Any Other Names:   |       | If yes, List Names:              |         |   |            |
| Date of birth:  |       | Social Security #:               |         | Contact Phone:                                |            |
| Current address:  |       |                                  |         |   |            |
| City:   |       | State:                           |         | ZIP Code:                                     |            |
| Current Occupation:   |       | Employer:                        |         |   |            |
| Employer address:   |       |                                  |         | Employer Phone:                               |            |
| City:   |       | State:                           |         | ZIP Code:                                     |            |
| Sex:  | Race: | Height:                          | Weight: | Hair Color:                                   | Eye Color: |
| Driver's License Number:  |       | Driver's License State of Issue: |         | Place of Birth and Alien # if not US Citizen: |            |
| Have you been arrested? If yes, state where, when and the final disposition. Use additional paper if necessary.   |       |                                  |         |   |            |
| List all civil action involvement (including divorces) along with names and addresses of all litigants, dates, places, and causes of action. Use additional paper if necessary. |       |                                  |         |   |            |
| Starting with Current Employment, List all employment for past five years (employer name, address, position, dates of employment) Use additional paper if necessary.            |       |                                  |         |   |            |
| List previous licenses of this nature or type and the location of the business.   |       |                                  |         |   |            |

#### Business Information

|                          |  |         |  |             |  |
|--------------------------|--|---------|--|-------------|--|
| Trade Name of Business : |  |         |  |             |  |
| Business address:        |  |         |  | Start date: |  |
| City:                    |  | State:  |  | ZIP Code:   |  |
| Phone:                   |  | E-mail: |  | Fax:        |  |

#### Applicant Signature

|   |  |  |  |       |  |
|---|--|--|--|-------|--|
| I declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. |  |  |  |       |  |
| Signature of Applicant:   |  |  |  | Date: |  |