CITY OF LONE TREE
CITY CLERK'S OFFICE

Massage Facility Individual History

To be completed by the following persons, as applicable: owners (including any person holding a ten percent (10%) ownership interest in the massage facility), operators, and employees required to submit to a background check under law.

NOTICE: All questions must be answered in their entirety, or the license application or background check may be delayed or denied. If a question is not applicable, please indicate so by "by "N/A." **Any deliberate misrepresentation or material omission may jeopardize the application**. Please attach a separate sheet if necessary to ensure you can answer all questions thoroughly.

Name of Business:_____ Trade Name (D/B/A):_____

Your Full Name (last, first, middle):_____

List of any other names you have used:_____

Mailing Address (if different from residential address):_____

Email Address:_____

Phone Number:_____

1. List your current residential address and any previous addresses within the last **five** years. (Attach separate sheets if necessary).

Current:_____

Previous:_____

2. List all employment within the last **five** years**,** including self-employment:

_____

3. Have you ever had a massage facility license? Yes No

If yes, please provide the date, name, and location of the massage facility license:

_____

4. Have you ever had a massage therapy license application denied, or a massage therapy license suspended, revoked, or declared a public nuisance? This includes situations where a license was voluntarily surrendered any license practice as a massage therapist or operated a massage facility as a result of, or while under civil or criminal investigation? Yes No

If yes, please provide the date, name, and location of the massage facility for which the license was denied, suspended, revoked, or declared a public nuisance.

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5. Have you ever been convicted of, entered a plea of "nolo contendre" for a felony or misdemeanor in any federal, state, or municipal court in any United States jurisdiction or possession? Yes No

If yes, explain in detail.

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6. Do you have any current criminal action pending? Yes No

If yes, explain in detail.

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7. Are you either registered as a sex offender or required by law to be registered as a sex offender? Yes No

If yes, explain in detail.

Oath of Application:

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 and belief. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Lone Tree Municipal Code and all rules and regulations which govern my Massage Facility License. I further acknowledge that it is my responsibility to provide the City with amendments to this application in the event that any information provided herein changes after the date of application.

Signature: _____

Name: _____

Title: _____

Date: _____