



**Finance Division**

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## MESSAGE BUSINESS MANAGER LICENSE APPLICATION

### PERSONAL INFORMATION

- 1) Name (Last, First) \_\_\_\_\_
- 2) Date of Birth \_\_\_\_\_
- 3) Physical Address for last three (3) years (use additional paper as needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Phone Number \_\_\_\_\_
- 5) E-mail Address \_\_\_\_\_
- 6) Colorado Driver's License \_\_\_\_\_
- 7) Colorado Massage License # (if applicable) \_\_\_\_\_
- 8) Massage school / educational institution (if applicable) \_\_\_\_\_  
\_\_\_\_\_

### ACKNOWLEDGMENTS (Check box and initial or put N/A)

Have you previously been associated with another massage business? \_\_\_\_\_

Have you ever been convicted of a crime or received a sentence or deferred sentence? \_\_\_\_\_

Have you ever forfeited bail for any offense in criminal or military court? \_\_\_\_\_

Do you have any charges pending? \_\_\_\_\_

Are you currently under probation? \_\_\_\_\_

Have you ever had a professional license revoked? \_\_\_\_\_

### Signature of Applicant or Authorized Agent

Under penalty of perjury, I declare that I have examined this application, and it is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_