



City of Aurora
 Licensing Section, Suite #1100
 15151 E. Alameda Parkway
 Aurora, CO 80012
 303-739-7057
www.auroragov.org

Type of Application:	
<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. List any suspensions, revocations and/or existing.		

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: