

**CITY OF AURORA  
MANAGER REGISTRATION FORM  
AFTER-HOURS & TEEN CLUB**

**This application is to be completed by all individuals who will manage an After-Hours Club license. Applications will not be considered unless all applicable questions are fully answered, all supporting documents correspond exactly with the name of the applicant, and the proper fee is attached. Any false statement or answer made by the applicant constitutes “perjury” and may result in denial/revocation of the license.**

1. Legal name of Licensee		2. Business Phone	
3. DBA/Trade Name of Establishment			
4. Address of Establishment		City	State/Zip Code
5. Name of Manager		6. Employment Date	7. Place & Date of Birth
8. Manager’s Home Address and  Phone Number	9. Has Manager ever been convicted of a felony in the State of Colorado or of a crime elsewhere? [ ] No [ ] Yes If yes, state full details _____		
10. Has Manager ever been denied an After-Hours license under the laws of any state? [ ] No [ ] Yes If yes, state full details _____			
11. Has Manager ever managed an After-Hours establishment in this or any other state? [ ] No [ ] Yes If yes, give name and location of establishment _____			
2. Does Manager have financial interest in this or any other After-Hours establishment? [ ] No [ ] Yes If yes, give name and location of establishment _____			
<b>OATH OF APPLICANT</b>			
<b>I declare under penalty of perjury in the second degree that I have read the foregoing registration and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.</b>			
Signature of Licensee		Title	Date
Signature of Manager		Date	