



# MANAGER'S BACKGROUND INVESTIGATION PACKET

#### Lakewood Civic Center

The Lakewood Municipal code requires that, as a part of the amusement arcade license application, each individual who is a sole proprietor; partner; limited liability member, corporate officer, director, and stockholder connected with a amusement arcade license Is required to give personal history information which will be used to conduct a personal background investigation.

The following packet of forms is provided:

Report of Changes Form Amusement Arcade Attachment. Background Investigation Report

All forms are to be **TYPEWRITTEN** OR **WRITTEN IN BLACK INK**. All forms and supporting documents are to be submitted in **DUPLICATE**.

When the complete amusement arcade license application is received in the City Clerk's Office, individuals will be referred to the Lakewood Police Department for fingerprinting.

#### FINGERPRINTING AND PHOTOGRAPHING

Individuals will be referred to the Lakewood Police Department for fingerprinting and photographing only during specified times:

Tuesdays: 8:00 a.m. to 9:30 a.m. Wednesday: 11:30 a.m. to 1:00 p.m.

#### FEE REQUIRED FOR INITIAL INVESTIGATION

- \$ 75.00 Registration Fee
- \$ 35.00 Fingerprinting Fee

Out of state residents may handle fingerprint and photograph requirements by mail, using packets available at the City Clerk's Office.

If you have any questions regarding an Amusement Arcade License, please call the City Clerk's Office at 303-987-7080.

### CITY OF LAKEWOOD

City Clerk's Office Lakewood Civic Center 480 S. Allison Pkwy. Lakewood, CO 80226-3127 Phone: 303-987-7080

Fax: 303-987-7088 TDD: 303-987-7057

# CITY OF LAKEWOOD, COLORADO AMUSEMENT ARCADE REPORT OF CHANGES

Name of business:				
Trade name of establishmer				
Address of licensed premise				
4. Mailing address:				
5. Telephone number:			umber:	
7. Change of corporate structu	re (Applies to corporate lice	ensees only.)		
Name of New Officer	Home Address	Birth Date	Name of Person Replacing	Percen Stocl
President:				
Vice President:				
Secretary:				
Treasurer:				
Director:				
Director:				
Director:				
Stockholder:				
Stockholder:				

480 South Allison Parkway/Lakewood Colorado 80226-3127/Voice/: (303) 987-7080/Fax: (303) 987-7088

# CITY OF LAKEWOOD, COLORADO BACKGROUND INVESTIGATION REPORT FOR MANAGERS

This document provides basic information that is necessary for the licensing authorities' investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.** 

1.	Business Name:		
2.	Trade Name:		
3.	Business Address: Street Name	City & State	Zip Code
4.	Business Phone:		
PER	SONAL INFORMATION		
5.	Your name:	First Name	Middle Initial
6.	Other names used:		
7.	Home Address: Street Name	City & State	Zip Code
8.	Home Phone: (Area Code)		
9.	Date of Birth: 10. F	Place of Birth:	
11.	Sex:	13. Eye Color:	
14.	Height: 15. Weight:	16. Hair Color:	
17.	Social Security No.		
18.	Driver's License No.:	19. State Issuing Driver's Lice	ense:
20.	Has your driver's license ever been suspende	ed or revoked?	□N
21.	If yes, please explain (include date and location	on):	
22.	Are you a U.S. Citizen?	3. Permanent Residence No.:	
24	Alien Registration No :	25 Naturalization No ·	

26.	List all states of residence (including military):					
27.	List addresses for the past five years (attach se	parate page if necessary)				
	Street Address	City, State & Zip Code				
28.	Is your current residence owned or rented?					
29.	If rented, give name, and <b>complete</b> address of landlord:					
30.	If owned, give name, and <b>complete</b> address of mortgagor:					
FAM	ILY HISTORY					
31.	Mother's full name:					
32.	Father's full name:					
33.	Spouse's full name (including maiden):					
34.	Spouse's Date of Birth: 35. Spou	use's Place of Birth:				
36.	Spouse's <b>complete</b> residence address, if difference	ent than yours:				
37	Spouse's Present Employer:					

	Name		e Home Address name, city, state and zip	Birthplace City and State or Country	DOB
).	Have you ever serve	ed in the milita	ry? 🗆 Y 🔲 N		
).	If yes, what branch?				
1.	Years of Service:		42. Date of Dischar	rge:	
3.	Type of Discharge:_		44. Military	y Service No.:	_
DU	CATIONAL HISTORY				
5.	List all high schools	and colleges	attended		
	School Attended (High School and/or College	ge)	Address (includ	de city & state)	Years Attende
	LOYMENT HISTORY				
MΡ		nployer:			
	Name of present em				
<b>MP</b> 6.	•		48. Curren	t Position:	
6.	Type of Business: Business address:	reet name	48. Curren	t Position:	Zip Code

	0N	0	<u> </u>								
	Company Name	Complete Address Include street name, city, state and zip	Position Held	From/To							
		morado circo mamo, crij, ciaro ama zip									
	L			L							
53.	Have vou ever been	discharged from a position? ☐ Y ☐ N	If yes, please	explain:							
		a.co.na.goao a poomo — . —	, 00, p.0000	<u></u>							
REF	ERENCES										
54.	List three professiona	st three professional references									
	Name	Complete Address	Occumation	T							
	Name	Include street name, city, state and zip	Occupation	Telephone number							
				Humber							
55.	List three personal re	ferences									
55.	List tillee personal le	ierences									
	Name	Complete Address	Occupation	Telephone							
		Include street name, city, state and zip		number							

### ADDITIONAL BACKGROUND INFORMATION

		ember of you had a liquor l If yes, give		ended, re	voked, or ı	efused?	•	·
List all o		ts including ju	uvenile arres	sts (include	e date, cha	irge, locati	on, convic	tion, sente
List all c	ivil court act	ions (include	divorce, na	me change	es) along v	vith the na	mes of litic	gants, date
of jurisdi	ction and ca	ause of action	n:		, -			
List all o	f your traffic	charges (inc	lude date, lo	ocation, ch	arge, con	viction, ser	ntence, and	dispositio

I certify that the information contained in this Background Investigation Report and all attachments hereto, is true and complete.
understand that any misrepresentation or falsification may result in the rejection of this application or suspension/revocation of the
license. I consent to the release of all financial information relative to this application.

I understand that I have a continuing obligation to provide updated information on questions in applications submitted to the City. I further understand that I will need to be fingerprinted and photographed. Should an answer change, or new information become available, I will contact the City at 303-987-7080.

Applicant's Signature	_	Date
Subscribed and sworn to before me this	day of	, 20
Notary Public	_	
My Commission Expires:		

-				partment – Date		
	ninalistics:	• * * * * * * * * * *	***	************		
( )	Photographs			Ву:		
( ) Fingerprints				Date:		
LPD	Identification No					
****	*******	******	***	**********		
Investigation Division:				Date Received:		
Crim	inal History					
( )	Yes	(	)	No – Criminal Record, NCIC		
( )	Yes	(	)	No – Criminal Record, CCIC		
( )	Yes	(	)	No - Criminal Record, Lakewood Police Department		
( )	Yes	(	)	No - Criminal Record, Jeffco Sheriff's Office		
( )	) Yes ( ) ) Yes ( )		)	No – Criminal Record,		
( )			)			
	ground Summary:			( ) No		
By:				Date:		
Бу.	Investigator			Date:		
	Reviewing Supervi	sor		Date:		
****	*******	******	***	**********		
Reco	mmendation:					
( )	Approval (	) No Re	com	mendation ( ) Disapproval		
				Date:		
Inves	stigation Division					