CITY OF LAKEWOOD

CHANGE OF CORPORATE OFFICER OR DIRECTOR AND ANY TRANSFER OF CAPITAL STOCK

Lakewood Civic Center

Colorado Revised Statutes Reg. 47-301(7) requires that any change of corporate officers/directors or any transfer of capital stock be reported within 30 days of the change to the Lakewood City Clerk's Office.

Transfer of stock 10% or over, or change of any corporate officer or director:

Corporations submit:

_____ Form DR8177

_____ Copies of corporate minutes or a resolution approving the change

_____ Copies of letters of resignations, if applicable

_____ Purchase documents including agreements, contracts, loan documents, and promissory notes

_____ All stock certificates issues, front and back sides, buy-out stock option, if applicable, and canceled stock certificates

_____ List of names, addresses, and dates of birth of stockholders showing each individual's percentage of ownership and totaling 100% of stock

_____ Certificate of Good Standing from Secretary of State's office

_____ Document for each new officer, director, and over 10% (or more) stockholder:

- Individual History Record (DR-8404-I)
- Background Investigation Report
- Release of Information

_____ $100.00 fee per member and/or principle for investigation

_____ $38.50 fee for fingerprinting per member and/or principle

ALL INFORMATION IS TO BE TYPEWRITTEN OR HAND PRINTED IN BLACK INK. SUBMIT ALL DOCUMENTS IN TRIPLICATE

When completed applications are received in the City Clerk's Office, individuals are referred to the Lakewood Police Department for fingerprinting to undergo a background investigation.

FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY

Out-of-state residents may handle fingerprint/photograph requirements by mail using special packets available from the City Clerk's Office.

If you have any questions regarding change of corporate officer or director and any transfer of capital stock, please call the City Clerk's office at 303-987-7080.

CITY OF LAKEWOOD

City Clerk's Office
Lakewood Civic Center
480 S. Allison Parkway
Lakewood, CO 80226-3127
Phone: 303-987-7080
Fax: 303-987-7088
TDD: 303-987-7057

CITY OF LAKEWOOD, COLORADO
BACKGROUND INVESTIGATION REPORT
FOR CHANGE IN CORPORATE STRUCTURE OR LIMITED LIABILITY MEMBERS

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. Name of applicant: _____

2 Applicant is a: ❒ Limited Liability Company ❒ Corporation

3. List all officers, directors (corporation) or managing members (LLC)

Position Held	Names of all Directors, Officers or Managing Members	Complete Home Address include street address, city, state, zip	DOB

4. Trade Name: _____

5. Business Address: _____
Street Name City & State Zip Code

6. Business Phone: _____ Business Email: _____

7. Does an attorney represent you? If yes, provide attorney's name, address and phone no.

_____

_____

PERSONAL INFORMATION

8. Your name: _____
Last Name First Name Middle Initial

9. Other names used: _____

10. Home Address: _____
Street Name City & State Zip Code

11. Home Phone: _____ Email: _____
(Area Code)

12. Date of Birth: _____ 13. Place of Birth: _____

14. Sex: ❒ F ❒ M 15. Race: _____ 16. Eye Color: _____

17. Height: _____ 18. Weight: _____ 19. Hair Color: _____

20. Social Security No. _____

21. Driver's License No.:_____ 22. State Issuing Driver's License: _____

23. Has your driver's license ever been suspended or revoked? ❒ Y ❒ N

24. If yes, please explain (include date and location): _____

_____

25. Are you a U.S. Citizen? ❒ Y ❒ N 26. Permanent Residence No.: _____

27. Alien Registration No.: _____ 28. Naturalization No.: _____

29. List all states of residence (including military):_____

_____

30. List addresses for the past five years (attach separate page if necessary)

Street Address	City, State & Zip Code

31. Is your current residence owned or rented?_____

32. If rented, give name, and **complete** address of landlord:_____

_____

33. If owned, give name, and **complete** address of mortgagor:_____

_____

FAMILY HISTORY

34. Mother's full name:_____

35. Father's full name:_____

36. Spouse's full name (including maiden):_____

37. Spouse's Date of Birth:_____ 38. Spouse's Place of Birth:_____

39. Spouse's **complete** residence address, if different than yours:_____

_____

40. Spouse's Present Employer:_____

41. List the name, address, date and place of birth of all children

Name	Complete Home Address Include street name, city, state and zip	Birthplace City and State or Country	DOB

42. Have you ever served in the military? ❒ Y ❒ N

43. If yes, what branch? _____

44. Years of Service: _____ 45. Date of Discharge: _____

46. Type of Discharge:_____ 47. Military Service No.:_____

EDUCATIONAL HISTORY

48. List all high schools and colleges attended

School Attended (High School and/or College)	Address (include city & state)	Years Attended

EMPLOYMENT HISTORY

49. Name of present employer:_____

50 Type of Business:_____ 51. Current Position: _____

52. Business address:_____
Street name City, State Zip Code

53. Business phone no.:_____ 54. Length of Employment:_____
(Area Code)

55. Employment for the last 10 years:

Company Name	Complete Address Include street name, city, state and zip	Position Held	From /To

56. Have you ever been discharged from a position? ❒ Y ❒ N If yes, please explain: _____

_____

FINANCIAL HISTORY

57. List all bank accounts of applicant and spouse

Bank	Address (street name, city, state & zip)	Type of Account	Account Number

58. List all outstanding loans and credit cards (attach a separate page if necessary).

Lender	Address (street name, city, state & zip)	Type of Loan	Account Number

REFERENCES

59. List three professional references

Name	Complete Address Include street name, city, state and zip	Occupation	Telephone Number

60. List three personal references

Name	Complete Address Include street name, city, state and zip	Occupation	Telephone Number

ADDITIONAL BACKGROUND INFORMATION

61. Do you hold, or have you ever held, a direct or indirect interest in a liquor or beer license? ❒ Y ❒ N
If yes, include name of establishment, complete address, type of license and dates: _____

_____

_____

62. Have you, any member of your family, or any corporation, company, or partnership in which you were involved, ever had a liquor license suspended, revoked, or refused? ❒ Y ❒ N
If yes, give name, dates, jurisdiction, and action taken: _____

_____

_____

63. List all of your arrests (include date, charge, location, conviction, sentence and disposition):

_____

_____

_____

64. List all civil court actions (include divorce, name changes) along with the names of litigants, dates, court of jurisdiction and cause of action: _____

_____

_____

65. List all of your traffic charges (include date, location, charge, conviction, sentence, and disposition):

_____

_____

I certify that the information contained in this Background Investigation Report and all attachments hereto, is true and complete. I 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: _____

City Clerk's Office – Referral to Police Department – Date _____

****

Criminalistics:

( ) Photographs By: _____

( ) Fingerprints Date: _____

LPD Identification No._____

****

Investigation Division: Date Received: _____

Criminal 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	( )	No – Criminal Record, _____
( )	Yes	( )	No – Criminal Record, _____

Background Summary: _____

_____

Memorandum Completed: ( ) Yes ( ) No

By: _____ Date: _____
Investigator

_____ Date: _____
Reviewing Supervisor

****

Recommendation:

( ) Approval ( ) No Recommendation ( ) Disapproval

_____ Date: _____
Investigation Division

City of Lakewood

Police Department

445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303-987-7540
TDD: 303-987-7111
Fax: 303-987-7155

AUTHORITY FOR RELEASE OF INFORMATION

Name_____
(Last) (First) (Middle)

_____ Date of Birth_____
Sex Month/Day/Year

I, _____ do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Lakewood Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located.

I understand that all information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the Lakewood Police Department. I understand that all materials pertaining to this background investigation become the property of the Lakewood Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

_____
Affiant's Signature

Subscribed and sworn to before me this ____ day of _____, _____.

_____ _____ (Notary Seal)
Notary Public Expiration Date