CITY OF LAKEWOOD

# NEW APPLICATION OR TRANSFER OF OWNERSHIP FOR LIQUOR LICENSES

## Lakewood Civic Center

- Liquor Licensing Fee Schedule
- Instructions/Procedures for Completing a Liquor or 3.2% Fermented Malt Beverage License Application
- DR 8404 Colorado Liquor Retail License Application
- Affidavit of Transfer and Statement of Compliance
- Food Service Affidavit
- Distance Requirement Affidavit
- Alcohol Awareness Seminar Schedule
- Application for Sales and Use Tax License
- Request for Certificate of Taxes Due
- Colorado Liquor Beer Code Book Order Form
- Colorado Liquor and Beer Licensee Handbook

Persons seeking a liquor license in the City of Lakewood may pick up an application packet at the City Clerk's Office, 480 S. Allison Parkway, Lakewood, CO. Application packets can also be mailed or accessed online at www.lakewood.org. Completed applications are accepted *by appointment only*. To make an appointment, contact the City Clerk's office at 303-987-7080.

**TIME REQUIREMENTS**
A new license or transfer of ownership can take up to 150 days to process.

**BACKGROUND INVESTIGATION**
Each individual who has a controlling or financial interest in the license must undergo a personal background investigation conducted by the Lakewood Police Department.

**APPROVAL PROCESS**
The Lakewood Liquor Licensing Authority considers applications for approval. Meetings are held in the City Council Chambers located in Civic Center South at 480 S. Allison Parkway in Lakewood, CO. Meetings begin at 2:00 p.m. on the second and fourth Thursday of each month.

**SALES TAX LICENSES**
Must be obtained prior to the start of business. For any transfer of ownership application, all prior city sales tax must be paid before the transfer will be approved. Contact the Colorado Department of Revenue 303-534-1209 and the Lakewood Sales Tax Office 303-987-7630.

**AMUSEMENT DEVICES AND VIDEO GAMES**
Must be licensed if there are more than 14 devices. Contact the Lakewood City Clerk's Office for information and forms.

**TEMPORARY PERMIT**
To operate under a temporary permit, an application must be submitted within 30 days of filing a Transfer of Ownership application.

If you have any questions regarding a new application or transfer of ownership for liquor licenses, 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

**INSTRUCTIONS/PROCEDURES FOR COMPLETING A LIQUOR OR 3.2% FERMENTED MALT BEVERAGE LICENSE APPLICATION**

**Anyone seeking a liquor or 3.2% fermented malt beverage license in the City of Lakewood must complete an application packet.**

**Applications are accepted by appointment only. Make an appointment with the Liquor Licensing Clerk by calling (303) 987-7084 to review the application. Allow approximately two hours for the scheduled meeting.**

**Applications will not be considered unless all questions are fully answered, if a question is not applicable, write n/a. If the answer is none, write none. All supporting documents must be submitted and correspond exactly with the name of the applicant. The required fees must be included with the application (refer to fee schedule). Incomplete applications will not be accepted.**

**All documents must be fully executed showing required signature and dates. Items that are contingent upon receipt of the liquor license should include a contingency clause worded in the documents. If specimen copies are created they must be clearly marked "specimen."**

**NOTE: Changes in application information (i.e. changes in financial sources, corporate structure, any action taken by a law enforcement agency or litigation connected with the application) must be provided to update the information contained in the original application.**

**All forms are to be TYPEWRITTEN or HANDWRITTEN IN BLACK INK and submitted in TRIPLICATE.**

**FINGERPRINTING AND PHOTOGRAPHING**

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

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

**Out of state residents may satisfy the fingerprinting requirements by mail using the packets available from the City Clerk's Office.**

**DOCUMENT CHECKLIST**

**I. APPLICATION**

**_____A. Application form DR 8404**
**_____B. Affidavit stating school is not located within 500 feet of the licensed premises (n/a on transfers)**
**_____C. (H&R licensees only): Affidavit to certify that food sales will be a minimum of 25% of gross income**
**_____D. Affidavit of Transfer**
**_____E. Certificate of Taxes Due (Transfer Applications Only)**
**_____F. Evidence that the applicant meets the Jefferson County Health Dept. food service requirements (n/a for Retail Liquor and 3.2% Beer Off Premises Licenses)**

**II. FEES**

**Make checks payable to the State of Colorado or to the City of Lakewood. Refer to the attached fee schedule.**

**Note: Separate and distinct managers must register with the City by completing a manager registration packet available in the City Clerk's Office.**

**<u>CITY OF LAKEWOOD FEES</u>**

| | |
|---|---|
| **Application Processing Fee** | **$_____** |
| **License Fee** | **$_____** |
| **Occupation Fee** | **$_____** |
| **Manager Registration Fee** | **$_____** |
| **Fingerprinting ($38.50 per owner)** | **$_____** |
| **Temporary Permit Application** | **$_____** |
| **Total City Fees** | **$_____** |

**<u>COLORADO DEPARTMENT OF REVENUE FEES</u>**

| | |
|---|---|
| **Application Processing Fee** | **$_____** |
| **License Fee** | **$_____** |
| **Manager fees (H&R & Taverns) $75** | **$_____** |
| **Total State fees** | **$_____** |

## III. INDIVIDUAL BACKGROUND INFORMATION

**The following documents are required**

**_____A. Background Investigation Report (one form per individual)**
**_____B. Individual History Record DR 8404-I**
**_____C. Release of Information Form**
**_____D. Copies of Naturalization Certificate, Permanent Residence Card, or Alien Registration Card (if applicable)**

## IV. PROOF OF POSSESSION OF PREMISES

**_____A. Deed or lease (lease must cover one year minimum from issue date of license).**
**_____B. Assignment of lease, if applicable**
**_____C. Certificate of Zoning**
**_____D. Building plans for existing structure or architects drawing of building to be constructed and plot plan (reduced to 8 1/2" x 11").**
**_____E. 8 1/2" x 11" diagram of premises to be licensed outlined in red**

## V. FINANCIAL DOCUMENTS

**_____A. Purchase agreement or stock transfer agreement**
**_____B. Affidavit on source of funds invested (Applicant must draft)**
**_____C. Photocopies of notes or loans (assumed, banks, etc.) dated and signed.**
**_____D. If funds invested are from a bank account, provide bank statements from the previous six months prior to the date of the application**

## VI. CORPORATE DOCUMENTS (IF CORPORATION)

**____A. Certificate of Incorporation or Certificate of Good Standing (if corporation is two years old) or Certificate of Authorization (if out-of-state corporation)**
**____B. Articles of Incorporation (stamped by Secretary of State's Office)**
**____C. List of current officers, stockholders, and directors**
**____D. Minutes/resolutions electing current officers, stockholders, and directors**
**____E. Trade name certificate, if applicable**
**____F. Annual corporate report (if corporation is two years old)**
**____G. Stock Certificates (100%), copy front and back**

## VII. LIMITED LIABILITY COMPANY

**____A. Articles of Organization**
**____B. Acknowledgment from Secretary of State's Office**
**____C. Copy of operating agreement**
**____D. Certificate of Authority (if foreign company)**
**____E. Minutes of meetings reflecting acceptance of new members**
**_____F. Certificate of Good Standing (if company is two years old)**

## VIII. PARTNERSHIP DOCUMENT

**____A. Partnership agreement (general or limited) Not needed if husband and wife**
**____C. Certificate of partnership**

CITY OF LAKEWOOD

# LIQUOR LICENSING FEE SCHEDULE

| License Type | Application Fee | Occupation Fee | License Fee | Total Local Fees | Application Fee (State) | License Fee (State) | Total Fees (State) |
|---|---|---|---|---|---|---|---|
| **Tavern** | | | | | | | |
| New | $500.00 | $1,000.00 | $75.00 | **$1,575.00** | $1025.00 | $500.00 | **$1,525.00** |
| Transfer | 500.00 | 1,000.00 | 75.00 | **1,575.00** | 1025.00 | 500.00 | **1,525.00** |
| Renewal | 50.00 | 1,000.00 | 75.00 | **1,125.00** | N/A | 500.00 | **500.00** |
| **Hotel & Restaurant** | | | | | | | |
| New | 500.00 | 1,000.00 | 75.00 | **1,575.00** | 1025.00 | 500.00 | **1,525.00** |
| Transfer | 500.00 | 1,000.00 | 75.00 | **1,575.00** | 1025.00 | 500.00 | **1,525.00** |
| Renewal | 50.00 | 1,000.00 | 75.00 | **1,125.00** | N/A | 500.00 | **500.00** |
| **Brew Pub** | | | | | | | |
| New | 500.00 | 1,000.00 | 112.50 | **1,612.50** | 1025.00 | 750.00 | **1,775.00** |
| Transfer | 500.00 | 1,000.00 | 112.50 | **1,612.50** | 1025.00 | 750.00 | **1,775.00** |
| Renewal | 50.00 | 1,000.00 | 112.50 | **1,162.50** | N/A | 750.00 | **750.00** |
| **Beer & Wine** | | | | | | | |
| New | 500.00 | 1,000.00 | 48.75 | **1,548.75** | 1025.00 | 351.25 | **1,376.25** |
| Transfer | 500.00 | 1,000.00 | 48.75 | **1,548.75** | 1025.00 | 351.25 | **1,376.25** |
| Renewal | 50.00 | 1,000.00 | 48.75 | **1,098.75** | N/A | 351.25 | **351.25** |
| **Club** | | | | | | | |
| New | 500.00 | 1,000.00 | 41.25 | **1,541.25** | 1025.00 | 308.75 | **1,333.75** |
| Transfer | 500.00 | 1,000.00 | 41.25 | **1,541.25** | 1025.00 | 308.75 | **1,333.75** |
| Renewal | 50.00 | 1,000.00 | 41.25 | **1,091.25** | N/A | 308.75 | **308.75** |
| **Retail Liquor Store** | | | | | | | |
| New | 500.00 | 1,000.00 | 22.50 | **1,522.50** | 1025.00 | 227.50 | **1,252.50** |
| Transfer | 500.00 | 1,000.00 | 22.50 | **1,522.50** | 1025.00 | 227.50 | **1,252.50** |
| Renewal | 50.00 | 1,000.00 | 22.50 | **1,072.50** | N/A | 227.50 | **227.50** |
| **Liquor-Licensed Drug Store** | | | | | | | |
| New | 500.00 | 1,000.00 | 22.50 | **1,522.50** | 1025.00 | 227.50 | **1,252.50** |
| Transfer | 500.00 | 1,000.00 | 22.50 | **1,522.50** | 1025.00 | 227.50 | **1,252.50** |
| Renewal | 50.00 | 1,000.00 | 22.50 | **1,072.50** | N/A | 227.50 | **227.50** |
| **3.2% Beer On Premise** | | | | | | | |
| New | 500.00 | 1,000.00 | 3.75 | **1,503.75** | 1025.00 | 96.25 | **1121.25** |
| Transfer | 500.00 | 1,000.00 | 3.75 | **1,503.75** | 1025.00 | 96.25 | **1121.25** |
| Renewal | 50.00 | 1,000.00 | 3.75 | **1,053.75** | N/A | 96.25 | **96.25** |
| **3.2% Beer On/Off Premise** | | | | | | | |
| New | 500.00 | 1,000.00 | 3.75 | **1,503.75** | 1025.00 | 96.25 | **1121.25** |
| Transfer | 500.00 | 1,000.00 | 3.75 | **1,503.75** | 1025.00 | 96.25 | **1121.25** |
| Renewal | 50.00 | 1,000.00 | 3.75 | **1,053.75** | N/A | 96.25 | **96.25** |
| **3.2% Beer Off Premise** | | | | | | | |
| New | 500.00 | 1,000.00 | 3.75 | **1,503.75** | 1025.00 | 96.25 | **1121.25** |
| Transfer | 500.00 | 1,000.00 | 3.75 | **1,503.75** | 1025.00 | 96.25 | **1121.25** |
| Renewal | 50.00 | 1,000.00 | 3.75 | **1,053.75** | N/A | 96.25 | **96.25** |

| License Type | Application Fee | Occupation Tax | License Fee | Total Local Fees | Application Fee (State) | License Fee (State) | Total Fees (State) |
|---|---|---|---|---|---|---|---|
| **Fingerprinting** | N/A | N/A | N/A | **$38.50** | N/A | N/A | **N/A** |
| ***Manager Registration** | 75.00 | N/A | N/A | **75.00** | 75.00 | N/A | **$75.00** |
| ****Manager Registration** | 75.00 | N/A | N/A | **75.00** | N/A | N/A | **N/A** |
| **Special Events (Liquor)** | 25.00 | N/A | N/A | **25.00** | 25.00 | N/A | **25.00** |
| **Special Events (3.2% Beer)** | 10.00 | N/A | N/A | **10.00** | 10.00 | N/A | **10.00** |
| **Change of Location** | 500.00 | N/A | N/A | **500.00** | 150.00 | N/A | **150.00** |
| ****Corp./LLC Changes** | 100.00 | N/A | N/A | **100.00** | 100.00 | N/A | **100.00** |
| **Renewal Application (Late)** | 500.00 | N/A | N/A | **500.00** | N/A | N/A | **N/A** |
| **Change of Trade Name** | 25.00 | N/A | N/A | **25.00** | 50.00 | N/A | **50.00** |
| **Modification of Premises** | 100.00 | N/A | N/A | **100.00** | 150.00 | N/A | **150.00** |
| **Duplicate License** | 25.00 | N/A | N/A | **25.00** | 50.00 | N/A | **50.00** |
| **Temporary Permit** | 100.00 | N/A | N/A | **100.00** | N/A | N/A | **N/A** |
| **Concurrent Review** | N/A | N/A | N/A | **N/A** | 100.00 | N/A | **100.00** |

*Tavern and Hotel and Restaurant managers
**All other managers
***Per officer, member, or stockholder pay either local authority or state authority, not both

**ALCOHOL AWARENESS SEMINAR SCHEDULE**
**JANUARY THROUGH DECEMBER 2011**

The City offers seminars **free of charge** to all Lakewood liquor/beer licensees and their employees. The seminars take a preventative approach to the two most challenging issues facing licensees: Sales to minors and intoxication.

**There will not be a seminar in January.**

| | | |
|---|---|---|
| Thursday, February 3 | Standard Server Seminar | 5 – 7 p.m. |
| Thursday, March 3 | Standard Server Seminar | 5 – 7 p.m. |
| Thursday, April 7 | Standard Server Seminar | 5 – 7 p.m. |
| Thursday, May 5 | Standard Server Seminar | 5 – 7 p.m. |
| Thursday, June 16 | Standard Server Seminar | 5 – 7 p.m. |
| Thursday, July 21 | Standard Server Seminar | 5 – 7 p.m. |
| *Thursday, August 4 | Doormen/Security<br>Owners & Managers<br>Advanced Servers | 5 – 6:30 p.m. |

***THE AUGUST SEMINAR IS FOR LAKEWOOD LICENSEES ONLY**

| | | |
|---|---|---|
| Thursday, September 15 | Standard Server Seminar | 5 – 7 p.m. |
| Thursday, October 20 | Standard Server Seminar | 5 – 7 p.m. |

**There will not be a seminar in November.**

| | | |
|---|---|---|
| Thursday, December 1 | Standard Server Seminar | 5 – 7 p.m. |

All seminars will be held at Lakewood Civic Center South, 480 S. Allison Parkway. The Standard Server Seminars will be held in the Council Chambers located on the first floor.
***The August seminar will be held in the Cabinet Room on the second floor.**

**You can register for these FREE seminars on-line** at <http://www.lakewood.org>, move your cursor to: City Services > Permits, click on Permits, then on "Liquor", scroll down to Alcohol Awareness Seminars and click on the link or call me at (303) 987-7083.

Lenora Moore, Liquor Inspector

**DISTANCE REQUIREMENT**
**AFFIDAVIT**

State of _____ )
)
County of _____)

I, _____

do hereby state and affirm that there are no public or parochial schools, or principal campus of any college, university or seminary within 500 feet of:

_____ located at

_____.

_____

By:_____

Subscribed and sworn to before me this ___ day of _____, 20__.

_____
Notary Public

My commission expires: _____.

**FOOD SERVICE**
**AFFIDAVIT**

State of _____ )
)
County of _____)

I, _____

do hereby state and affirm that not less than twenty-five percent of the gross income of the business _____ located at _____ will be derived from meals that are actually and regularly served at that location.

_____

By:_____

Subscribed and sworn to before me this ___ day of _____, 20__.

_____
Notary Public

My commission expires: _____.

CITY OF LAKEWOOD

# INDIVIDUAL'S BACKGROUND INVESTIGATION PACKET

## Lakewood Civic Center

As part of the liquor or beer license application, Colorado Revised Statutes and the Lakewood Municipal Code requires each individual who is a sole proprietor, partner, corporate officer, director, or stockholder to giver personal history information that will be used to conduct a background investigation.

Included are the following forms:

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

**ALL INFORMATION MUST BE TYPEWRITTEN OR HAND PRINTED IN BLACK INK**

**PLEASE SUBMIT FORMS AND SUPPORTING DOCUMENTS IN TRIPLICATE**

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

**FINGERPRINTING IS CONDUCTED <u>ONLY</u> DURING SPECIFIED TIMES:**
Tuesday, 8:00 a.m. to 9:30 a.m.
Wednesday, 11:30 a.m. to 1:00 p.m.

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 this packet, 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 LIQUOR APPLICATIONS

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
❒ Partnership ❒ Sole Proprietorship

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

| Position Held | Names of all Directors, Officers, Managing Members, or partners | Complete Home Address (Street name, City, State, and Zip Code) | 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 name, address, and phone no.

_____

_____

8. List any other persons who have a direct or indirect financial interest in this business.

| Name | Complete Address (street name, city, state, and zip) | Percentage |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**PERSONAL INFORMATION**

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

10. Other names used: _____

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

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

13. Date of Birth: _____ 14. Place of Birth: _____

15. Sex: ❒ F ❒ M 16. Race: _____ 17. Eye Color: _____

18. Height: _____ 19. Weight: _____ 20. Hair Color: _____

21. Social Security No. _____

22. Driver's License No.:_____ 23. State Issuing Driver's License: _____

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

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

_____

26. **Is** your driver's license suspended, revoked, canceled or denied now? ❒ Y ❒ N

27. If yes, please explain (include date and location _____

_____

28. Are you a U.S. Citizen? ❒ Y ❒ N 29. Permanent Residence No.: _____

30. Alien Registration No.: _____ 31. Naturalization No.: _____

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

_____

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

| Street Address | City, State & Zip Code |
|---|---|
| | |
| | |
| | |
| | |

34. Is your current residence owned or rented?_____

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

_____

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

_____

**FAMILY HISTORY**

37. Mother's full name:_____

38. Father's full name:_____

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

40. Spouse's Date of Birth:_____ 41. Spouse's Place of Birth:_____

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

_____

43. Spouse's Present Employer:_____

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

| Name | Complete Home Address<br>Include street name, city, state and zip | Birthplace<br>City and State or Country | DOB |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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

46. If yes, what branch? _____

47. Years of Service: _____ 48. Date of Discharge: _____

49. Type of Discharge:_____ 50. Military Service No.:_____

**EDUCATIONAL HISTORY**

51. List all high schools and colleges attended

| School Attended<br>(High School and/or College) | Address (include city & state) | Years Attended |
|---|---|---|
| | | |
| | | |
| | | |

**EMPLOYMENT HISTORY**

52. Name of present employer:_____

53 Type of Business:_____ 54. Current Position: _____

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

56. Business phone no.:_____ 57. Length of Employment:_____
(Area Code)

58. Employment for the last 10 years:

| Company Name | Complete Address<br>Include street name, city, state and zip | Position Held | To/From |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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

_____

**FINANCIAL INFORMATION**

60. List all personal bank accounts of applicant and spouse

| Bank | Address<br>(street name, city, state & zip) | Type of Account | Account Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

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

| Lender | Address<br>(street name, city, state & zip) | Type of Loan | Account Number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

62. Cash to be invested

| Source | Address (street name, city, state & zip) | Amount | Account No. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

63. Complete the following on all business loans obtained (Attach copies of loan agreements).

| Source | Address (street name, city, state & zip) | Amount | Collateral |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

64. Complete the following on all business accounts.

| Bank | Bank Address (street name, city, state & zip) | Account Number | Authorized Signatories |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

65. State purchase price of business _____

**PROPERTY INFORMATION**

66. Is the building owned or leased? ❒ owned ❒ Leased

67. Name and **complete** address of building owner _____
name

_____
street address city & state zip code

68. Is the land owned or leased? ❒ owned ❒ Leased

69. Name and **complete** address of land owner _____
name

_____
street address city & state zip code

## REFERENCES

70. List three professional references

| Name | Complete Address<br>Include street name, city, state and zip | Occupation | Telephone number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

71. List three personal references

| Name | Complete Address<br>Include street name, city, state and zip | Occupation | Telephone number |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## ADDITIONAL BACKGROUND INFORMATION

72. 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: _____

_____

_____

73. 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: _____

_____

_____

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

_____

_____

_____

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

_____

_____

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

_____

_____

## ADDITIONAL DOCUMENTS CHECKLIST

( ) Stamped Articles of Incorporation and/or Certificate of Good Standing (if incorporated 2+ years
( ) Stock Certificates (front & back)
( ) Purchase Agreement
( ) Deed or Lease
( ) Diagram of the Premises (no larger than 8 ½ X11)
( ) Partnership Agreement
( ) Stamped Articles of Organization
( ) Operating Agreement
( ) Certificate of Authority (if foreign company)

I certify that the information contained in this Background Investigation Report and all attachments hereto is true and complete. I understand that any misrepresentation, falsification, or omission 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

DR 4679 (09/21/06)
**COLORADO DEPARTMENT OF REVENUE**

# AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

I, _____ , swear or affirm under penalty of perjury under the laws of the State of Colorado that **(check one)**:

- ☐ I am a United States citizen.
- ☐ I am not a United States citizen but I am a Permanent Resident of the United States.
- ☐ I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- ☐ I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

| Signature | Date |
|---|---|
| | |

# 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