CITY OF LAKEWOOD
MEDICAL MARIJUANA BUSINESS LICENSE APPLICATION
Manager & Individual Background Investigation Report

This document provides basic information that is necessary for the licensing authority's 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.**

❒	Manager Registration Fee	$75.00
❒	Fingerprint Fee	$39.50

1. Name of Medical Marijuana Business:_____

2. Trade Name (dba): _____

3. Address of premises: _____
Street name City & State Zip Code

4. Business Phone:_____ 5. Email: _____

PERSONAL INFORMATION

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

7. Other names used (including maiden name): _____

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

9. Home Phone: _____ 10. Cell Phone: _____
(Area Code) (Area Code)

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

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

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

19. Are you a U.S. Citizen? ❒ Y ❒ N 20. Permanent Residence No.: _____

21 Alien Registration No.: _____ 22. Naturalization No.: _____

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

_____

24. List residential addresses for the past 5 years (attach separate page if necessary)

Street Address	City, State & Zip Code

25. Is your current residence owned or rented?_____

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

_____

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

_____

EMPLOYMENT HISTORY

28. Name of present employer:_____

29. Type of Business:_____ 30. Current Position: _____

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

32. Business phone no.:_____ 33. Length of Employment:_____
(Area Code)

34. Employment for the last 5 years:

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

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

_____

FINANCIAL INFORMATION

36. List all personal bank accounts.

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

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

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

38. Cash to be invested

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

ADDITIONAL BACKGROUND INFORMATION

39. List business license or permit history for the past 5 years:

Type of Permit or License and Jurisdiction	Name of Business	Address of Business (street name, city, state & zip)	Dates To/From

40. Have you ever had a license, permit or authorization to do business denied, revoked or suspended, or had any professional or vocational license or permit denied, revoked or suspended?

☐ Y ☐ N

If yes, state the date, jurisdiction, and describe in full detail the reason: _____

_____

_____

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

_____

_____

_____

42. 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, 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 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

CITY OF LAKEWOOD
LAWFUL PRESENCE AFFIDAVIT

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, or

_____ I am a Permanent Resident of the United States, or

_____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the City of Lakewood, in the State of Colorado. 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 or prior to entering into a contract with the City of Lakewood. 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.

_____ _____
Print Full Legal Name Date

_____
Signature

For office use only:

Type of identification presented

_____

Initials of verifier_____