

## ADULT BUSINESS LICENSE INDIVIDUAL BACKGROUND INVESTIGATION PACKET

Lakewood Municipal Code requires, as part of the Adult Business Application, each individual applicant, partner of a partnership, officer or director of a corporation, manager of a limited liability company, and all business managers to provide personal history information that will be used to conduct a background investigation.

### PACKET INCLUDES

- Background Investigation Report
- Authority to Release Information

**ALL INFORMATION MUST BE TYPEWRITTEN OR HAND PRINTED IN BLACK INK AND SUBMITTED IN DUPLICATE.**

### FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY

All paperwork must be submitted to the City Clerk's Office prior to scheduling an appointment for fingerprinting.

### OUT-OF-STATE RESIDENTS

Out-of-state residents may handle fingerprint and photograph requirements by mail using special packets available from the City Clerk's Office. Fingerprints **MUST** be made on City of Lakewood Police Department applicant cards **ONLY**. Fingerprints and photographs required from individuals who reside out-of-state can be obtained from their local police department.

### REQUIRED FEES

- Nonrefundable Investigation Fee                      \$38.50 per person

Contact the City Clerk's Office at 303-987-7080, with questions or to schedule an appointment.

# BACKGROUND INVESTIGATION REPORT FOR INDIVIDUALS INVOLVED WITH ADULT BUSINESS LICENSES

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, of omission or facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.

1. Name of applicant: \_\_\_\_\_

2. Trade name: \_\_\_\_\_

3. Complete business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

4. Business phone number: \_\_\_\_\_

5. Email address: \_\_\_\_\_

## PERSONAL INFORMATION

6. Your name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_

7. Other names used: \_\_\_\_\_

8. Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

9. Home phone number: \_\_\_\_\_

10. Date of birth: \_\_\_\_\_

11. Place of Birth: \_\_\_\_\_

12. Driver's License number: \_\_\_\_\_

13. State issuing Driver's License: \_\_\_\_\_

14. Social Security number: \_\_\_\_\_

15. Eye color: \_\_\_\_\_

16. Height: \_\_\_\_\_

17. Weight: \_\_\_\_\_

18. Hair color: \_\_\_\_\_

**EMPLOYMENT HISTORY**

19. Have you ever operated or been employed at an unlicensed adult business? \_\_\_ Yes or \_\_\_ No

If yes, list the business name, complete address (city, state, zip code), and date of operation/employment. Attach a separate sheet, if needed.

Business Name	Complete address (city, state, zip code)	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Have you previously had an adult business license suspended, revoked, or declared a public nuisance? \_\_\_ Yes or \_\_\_ No

If yes, list the business name, complete address (city, state, zip code), nature of action, and date. Attach a separate sheet, if needed.

Business Name	Complete address (city, state, zip code)	Nature of Action	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. Have you ever been a partner in a partnership, an officer of a corporation, or manager of a limited liability company of an adult business whose license has previously been denied, suspended, revoked, or declared a public nuisance? \_\_\_\_ Yes or \_\_\_\_ No

If yes, list the business name, complete address (city, state, zip code), nature of action, and date. Attach a separate sheet, if needed.

Business Name	Complete address (city, state, zip code)	Nature of Action	Date
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22. List all adult businesses for which you currently have a license under this ordinance or similar adult business ordinance from another city or county.

Business Name	Complete address (city, state, zip code)
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**ADDITIONAL BACKGROUND INFORMATION**

23. Have you ever been convicted of a specified criminal act, as defined in the ordinance?  
\_\_\_\_ Yes or \_\_\_\_ No

If yes, list offense, location, and dates of conviction. Attach a separate sheet, if needed.

Offense	Location	Dates of Conviction
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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 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 in the County of \_\_\_\_\_, State of Colorado,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
My Commission Expires

**BELOW FOR POLICE USE ONLY**

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\_\_\_\_\_ Date City Clerk's Office sent referral to Police Department

**CRIMINALISTICS**

\_\_\_\_\_ Photographs

\_\_\_\_\_ Fingerprints

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

LPD identification number: \_\_\_\_\_

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**INVESTIGATION DIVISION**

Date received: \_\_\_\_\_

**Criminal History**

Criminal record, NCIC \_\_\_\_\_ Yes \_\_\_\_\_ No

Criminal record, CCIC \_\_\_\_\_ Yes \_\_\_\_\_ No

Criminal record, Lakewood Police Department \_\_\_\_\_ Yes \_\_\_\_\_ No

Criminal record, (\_\_\_\_\_) \_\_\_\_\_ Yes \_\_\_\_\_ No

Criminal record, (\_\_\_\_\_) \_\_\_\_\_ Yes \_\_\_\_\_ No

Background summary: \_\_\_\_\_

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Memorandum completed \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Recommendation (check one):**

\_\_\_\_\_ Approval

\_\_\_\_\_ No Recommendation

\_\_\_\_\_ Disapproval

Detective/Technician: \_\_\_\_\_

Date: \_\_\_\_\_

SIU Sergeant: \_\_\_\_\_

Date: \_\_\_\_\_

**City of Lakewood**  
Police Department  
445 South Allison Parkway  
Lakewood, Colorado 80226-3105  
Phone: 303-987-7540  
Fax: 303-987-7155  
TDD: 303-987-7057

**AUTHORITY FOR RELEASE OF INFORMATION  
BACKGROUND INVESTIGATION AND FINGERPRINTING**

Name (Last, First, Middle): \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

I, (name) \_\_\_\_\_, 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 saving 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, trail 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, wherever 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 me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date

(Notary Seal)