City of Lakewood City Clerk's Office



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

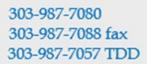
Out-of-state residents may handle fingerprint and photograph requirements by mail using special packets available from the City Clerk's Office. Fingerprints MUST be made on City of Lakewood Police Department applicant cards ONLY. Fingerprints and photographs required from individuals who reside out-of-state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

Name of applicant:			
City:	State: _	Zip code:	
4. Business phone number:			
5. Email address:			
PERSONAL INFORMATION			
6. Your name: Last		First Middle i	nitial
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 ope	erated or been employed at an unlicensed adult bus	iness? Yes or No
= = = = = = = = = = = = = = = = = = =	e business name, complete address (city, state, zip t. Attach a separate sheet, if needed.	code), and date of
Business Name	Complete address (city, state, zip code)	Date
nuisance? Yes or	e business name, complete address (city, state, zip	
Business Name	Complete address (city, state, zip code)	Nature of Action Date

	adult business whose license has uisance? Yes or No	previously bee	en denied, suspended	, revoked
If yes, list the date. Attach a separa	e business name, complete addresses sheet, if needed.	s (city, state, z	ip code), nature of act	ion, and
Business Name	Complete address (city, state	zip code)	Nature of Action	Date
				:
	esses for which you currently have om another city or county.	a license unde	er this ordinance or sir	nılar adul
Business Name	Name Complete address (city, state, zip code)			
ADDITIONAL BACK	GROUND INFORMATION			
23. Have you ever be Yes or No	en convicted of a specified criminal	act, as define	d in the ordinance?	
If yes, list of	ense, location, and dates of convic	ion. Attach a s	separate sheet, if need	ded.
Offense	Location		Dates of Conviction	on

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 befo	ore me in the County of	, State of Colorado,
this day of	, <u>,</u> by	
 Notary Signature	My Commission Expires	

BELOW FOR POLICE USE ONLY

Date City Clerk's Office sent	referral to Police Department
CRIMINALISTICS	
Photographs	Fingerprints
Completed by:	Date:
LPD identification number:	
INVESTIGATION DIVISION	
Date received:	
Criminal History	
Criminal record, NCIC Yes	No
Criminal record, CCIC Yes N	0
Criminal record, Lakewood Police Departm	ent Yes No
Criminal record, ()	Yes No
Criminal record, () Yo	es No
Background summary:	
Memorandum completedYes	No
Recommendation (check one):	
Approval No Reco	ommendation 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	h (month/day/year):	
I, (name) disclosure of all records specified below, of authorized agent of the Lakewood Police private or confidential nature.	or any part thereof, concernin	ig myself, by and to ANY duly
The intent of this authorization is to give no financial or credit institutions, including checking and saving accounts, and loans agencies (including credit reports and/or records, and other financial statements are and/or convictions for alleged or actual vice records; records of complaint of a civil national statements.	records of deposits, withdraw, and also the records of comratings); real and personal prond records wherever filed; recolations of law, including crim	vals and balances of mercial or retail credit operty tax statements and cords of complaint, arrest, trail inal, civil and/or traffic
I understand that all information obtained developed directly or indirectly, in whole considered in determining my suitability founderstand that all materials pertaining to Lakewood Police Department and will not	or in part, upon this release and or licensing by the Lakewood of this background investigation	uthorization will be Police Department. I
I agree to indemnify and hold harmless th agents and employees, from and against reasonable attorney's fees, arising out of understand that in the event my application will not be revealed to me.	all claims, damages, losses, or by reason of complying with	and expenses, including th this request. I further
A photocopy of this signed release form w	vill 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)