

INDIVIDUAL BACKGROUND INVESTIGATION PACKET

As part of the liquor, marijuana, massage, or adult business license application, Colorado Revised Statutes (C.R.S.) and the Lakewood Municipal Code requires each individual who is a sole proprietor, partner, corporate officer, director, or stockholder to give personal history information that will be used to conduct a background investigation. State of Colorado [forms](#) must be downloaded from the Department of Revenue's website.

PACKET INCLUDES

- Background Investigation Report
- Authority to Release Information
- Colorado State Application – [DR 8404I Individual History Record](#)

ALL INFORMATION MUST BE TYPEWRITTEN OR HAND PRINTED IN BLACK INK

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

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 may handle fingerprint and photograph requirements by mail using special packets available from the City Clerk's Office.

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

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, 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. Applicant is a (check one):

____ Limited Liability Company (LLC) ____ Corporation ____ Partnership ____ Sole Proprietorship

3. List all officers, directors (corporation), managing members (LLC), or partners. Include name, complete home address, position held and date of birth (DOB). Attach a separate sheet, if needed.

Name	Complete address (city, state, zip code)	Position held	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Trade name (DBA): _____

5. Complete business address: _____

City: _____ State: _____ Zip code: _____

6. Business phone number: _____

7. Does an attorney represent you? If yes, provide their name, firm name, complete address and phone number:

8. List any other persons who have a direct or indirect financial interest in this business. Include name, complete address, and percentage of business interest. Attach a separate sheet, if needed.

Name	Complete address (city, state, zip code)	Percentage of interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL INFORMATION

9. Your name: Last _____ First _____ Middle initial _____

10. Other names used: _____

11. Home address: _____

City: _____ State: _____ Zip code: _____

12. Home phone number: _____

13. Date of birth: _____

14. Place of Birth: _____

15. Sex (check one): _____ Female _____ Male

16. Race: _____

17. Eye color: _____

18. Height: _____

19. Weight: _____

20. Hair color: _____

21. Social Security number: _____

22. Driver's License number: _____

23. State issuing driver's license: _____

24. Has your driver's license ever been suspended or revoked? _____ Yes or _____ No

25. If you answered yes to question 24, please explain. Include the date and location.

26. Is your driver's license currently suspended, revoked, or canceled? ____ Yes or ____ No

27. If you answered yes to question 26, please explain. Include the date and location.

28. Are you a U.S. Citizen? ____ Yes or ____ No 29. Permanent Residence Number: _____

30. Alien Registration Number: _____ 31. Naturalization Number: _____

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

33. List all addresses for the past five years. Attach a separate sheet, if needed.

Street Address: _____ City, State and Zip Code: _____

Street Address: _____ City, State and Zip Code: _____

Street Address: _____ City, State and Zip Code: _____

Street Address: _____ City, State and Zip Code: _____

Street Address: _____ City, State and Zip Code: _____

34. Is your current residence (check one) ____ 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. Spouse's full name (including maiden): _____

38. Spouse's date of birth: _____

EMPLOYMENT HISTORY

39. Name of present employer: _____

40. Type of business: _____ 41. Current position: _____

42. Business address: _____

City: _____ State: _____ Zip Code: _____

43. Business phone number: _____ 44. Length of employment: _____

45. List employment for the last 10 years. Include company name, complete address, position held, and dates of employment. Include a separate sheet, if needed.

Company name	Address(city, state, zip code)	Position held	To/From
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

46. Have you ever been discharged from a position? _____ Yes or _____ No

If yes, please explain: _____

47. List cash to be invested. Include source, complete address, amount, and account number.

Source	Address (city, state, zip code)	Amount	Account number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

48. List all business loans obtained (attach copies of loan agreements). Include the source, complete address, amount, and collateral.

Source	Address (city, state, zip code)	Amount	Collateral
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

49. List all business accounts. Include bank name, complete address, account number, and authorized signatories.

Bank Name	Address (city, state, zip code)	Account number	Authorized signatories
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

50. State purchase price of business: _____

PROPERTY INFORMATION

51. Is the building _____ owned or _____ leased? Check one.

52. List name and complete address of the building owner:

Name: _____

Address: _____ City: _____ Zip Code: _____

53. Is the land _____ owned or _____ leased? Check one.

54. List name and complete address of landowner:

Name: _____

Address: _____ City: _____ Zip Code: _____

REFERENCES

55. List three professional references. Include name, complete address, occupation, and phone number.

Name	Address (city, state, zip code)	Occupation	Phone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

56. List three personal references. Include name, complete address, occupation, and phone number.

Name	Address (city, state, zip code)	Occupation	Phone number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL BACKGROUND INFORMATION

57. Do you hold, or have you ever held, a direct or indirect interest in a liquor or beer license?
_____ Yes or _____ No

If yes, include name of establishment, complete address (include city, state, zip code), type of license, and dates:

58. 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? _____ Yes or _____ No

If yes, give name, dates, jurisdiction, and action taken: _____

59. List all current and/or past arrests (include date, charge, location, conviction, sentence, and disposition):

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

61. List all current and/or past 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 in the County of _____, State of Colorado,

this _____ day of _____, _____, 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 _____ No

Criminal record, Lakewood Police Department _____ Yes _____ No

Criminal record, (_____) _____ Yes _____ No

Criminal record, (_____) _____ Yes _____ No

Background summary: _____

Memorandum completed _____ Yes _____ No

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, 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, 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 before me this _____ day of _____, _____

Notary Public

Expiration Date

(Notary Seal)