

**CITY OF LAKEWOOD, COLORADO
AMUSEMENT ARCADE REPORT OF CHANGES**

Use this form to report changes in corporate structure, partnership, limited liability, trade name or manager.

1. Name of business: _____
2. Trade name of establishment (d/b/a): _____
3. Address of licensed premises : _____
4. Mailing address: _____
5. Telephone number: _____ 6. License number: _____
7. Change of corporate structure (Applies to corporate licensees only.)

Name of New Officer	Home Address	Birth Date	Name of Person Replacing	Percent of Stock
President:				
Vice President:				
Secretary:				
Treasurer:				
Director:				
Director:				
Director:				
Stockholder:				
Stockholder:				
Stockholder:				

ALL INFORMATION MUST BE COMPLETED – Illegible and/or incomplete applications will be rejected

480 South Allison Parkway/Lakewood Colorado 80226-3127/Voice: (303) 987-7080/Fax: (303) 987-7088

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8. Change of Trade Name (Attach Trade Name Affidavit).

Old Trade Name:

New Trade Name:

9. Change of Partnership (Attach Partnership Agreement).

Name of New Partner, Home Address, Date of Birth, Replaces Whom, Percentage of Ownership

10. Change of Limited Liability Company.

Name of Members, Home Address, Date of Birth, Replaces Whom:

11. Change of Manager.

Former Manager's Name, Home Address, and Date of Birth:

New Manager's Name, Home Address, and Date of Birth:

OATH OF APPLICANT

I affirm that all information contained in this document and all attachments pertaining to this license are true correct, and complete. I agree to notify the City of Lakewood of any changes relevant to this license. I further agree to conform to all applicable statutes and ordinances relative to this license.

Signature

Title

Date

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