



CITY OF LAKEWOOD

# INDIVIDUAL'S BACKGROUND INVESTIGATION PACKET

## Lakewood Civic Center

The Lakewood Municipal code requires that, as a part of the amusement arcade license application, each individual who is a sole proprietor; partner; limited liability member, corporate officer, director, stockholder, and manager connected with a amusement arcade license is required to give personal history information which will be used to conduct a personal background investigation

The following packet of forms is provided:

Amusement Arcade Attachment.  
Background Investigation Report.

All forms are to be **TYPEWRITTEN OR WRITTEN IN BLACK INK**. All forms and supporting documents are to be submitted in **DUPLICATE**.

when the complete amusement arcade license application is received in the City Clerk's Office, individuals will be referred to the Lakewood Police Department for fingerprinting

### FINGERPRINTING AND PHOTOGRAPHING

Individuals will be referred to the Lakewood Police Department for fingerprinting and photographing only during specified times:

Tuesdays: 8:00 a.m. to 9:30 a.m.  
Wednesday: 11:30 a.m. to 1:00 p.m.

Out of state residents may handle fingerprint and photograph requirements by mail, using packets available at the city Clerk's Office.

If you have any questions regarding an Amusement Arcade License, please call the City Clerk's Office at 303-987-7080.

## CITY OF LAKEWOOD

City Clerk's Office  
Lakewood Civic Center  
480 S. Allison Pkwy.  
Lakewood, CO 80226-3127  
Phone: 303-987-7080  
Fax: 303-987-7088  
TDD: 303-987-7057

## INSTRUCTION/PROCEDURES FOR THE COMPLETION OF AN AMUSEMENT ARCADE APPLICATION

Application forms are to be completed by every applicant (Corporation, Partnership, Individual, Limited Liability Company) seeking an amusement arcade license.

Applications are accepted by **appointment only**. Make an appointment with the Administrative Assistant to review the application, allow approximately one hour for the scheduled meeting.

Applications will not be considered unless all questions are fully answered, (if not applicable fill in N/A), all supporting documents must be submitted and correspond exactly with the name of the applicant. The proper fees must be included with the application. Incomplete applications will not be accepted.

All forms are to be **TYPEWRITTEN** or **HAND WRITTEN IN BLACK INK**. All forms and supporting documents are to be submitted in **DUPLICATE**.

All documents must be fully executed showing required signature and dates. Items that are contingent upon receipt of the arcade license should include a contingency clause worded in the documents. If specimen copies are created, they must be clearly marked "specimen". Attach separate sheets where necessary.

**NOTE:** Changes in application information, i.e. any changes in financial sources, corporate structure, any action taken by a law enforcement agency or litigation connected with the application, must be provided to update the information contained in the original application.

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## **FORMS REQUIRED FOR APPLICATION**

- Application form
- Copy of lease or proof of ownership
- Verification of zoning stating the amusement arcade is located in proper zoning district
- Plans of building and parking lot
- Affidavit stating that proposed amusement arcade is not located within 1,500 feet of any school
- Neighborhood survey of needs and desires, as demonstrated by petitions, letters or remonstrances

## **INDIVIDUAL BACKGROUND INFORMATION**

- Background Investigation Report
- Note: The number of Background Investigation Report forms that need to be completed will vary depending on the type of business. All individuals (including managers) listed on the application will need to complete a separate Background Investigation Report
- Amusement Arcade Attachment
- Financial Release

## **PROOF OF POSSESSION OF PREMISES**

- Deed lease (lease must cover one year minimum for issue date of license)
- Assignment of lease, if applicable
- Certificate of correct zoning
- Building plans for existing structure or architects drawing of building to be constructed and plot plan (reduced to 1 ½" x 11")
- 8 ½" x 11" diagram of premises

## **FINANCIAL DOCUMENTS**

- Purchase agreement of stock transfer agreement

## **CORPORATE DOCUMENTS ( IF CORPORATION)**

- Certificate of Incorporation or Certificate of Good Standing ( if corporation is two years old) or Certificate of Authorization ( if out-of-state corporation)
- Articles of Incorporation
- Minutes/resolutions electing current officers, stockholders, and directors
- Trade name affidavit, if applicable
- Stock Certificate (100%), copy fron and back sides
- 

## **LIMITED LIABILITY COMPANY**

- Articles of Organization
- Acknowledgment for Secretary of State's Office
- Copy of operating agreement
- Certificate of Authority ( if foreign company)
- Minutes of meeting reflecting acceptance of new members

## **PARTNERSHIP DOCUMENTS**

- Partnership agreement recorded
- Certificate of partnership

## **FEEES REQUIRED FOR INITIAL APPLICATION**

- \$ 750.00 nonrefundable license fee for Type A amusement arcade
- \$ 1,500.00 nonrefundable license fee for Type B amusement arcade
- \$ 75.00 nonrefundable investigation fee ( for each individual completing a Background Investigation Report)

**CITY OF LAKEWOOD, COLORADO  
BACKGROUND INVESTIGATION REPORT**

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

**GENERAL INFORMATION**

- 1. Business Name: \_\_\_\_\_
- 2. Business Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_
- 4. Home Address: \_\_\_\_\_
- 5. Home Phone: \_\_\_\_\_ 6. Other Names Used: \_\_\_\_\_
- 7. Date of Birth: \_\_\_\_\_ 8. Place of Birth: \_\_\_\_\_
- 9. Sex: \_\_\_\_\_ 10. Race: \_\_\_\_\_ 11. Eye Color: \_\_\_\_\_
- 12. Height: \_\_\_\_\_ 13. Weight: \_\_\_\_\_ 14. Hair Color: \_\_\_\_\_
- 15. Social Security No: \_\_\_\_\_ 16. Driver's License No: \_\_\_\_\_
- 17. State Issuing Driver's License: \_\_\_\_\_
- 18. Has your driver's license ever been revoked or suspended? \_\_\_\_\_ If yes, please detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITIZENSHIP**

- 19. U.S. Citizen?    ( ) Yes    ( ) No                      20. Naturalization No: \_\_\_\_\_
- 21. Alien Registration No: \_\_\_\_\_                      22. Permanent Residence No: \_\_\_\_\_

**RESIDENCES**

- 23. Addresses for past five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 24. List all states of residence (including military service): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- 25. Is your current residence owned or rented? \_\_\_\_\_
- 26. If rented, name and address of landlord: \_\_\_\_\_
- 27. Name and address of mortgagor, if any: \_\_\_\_\_  
\_\_\_\_\_
- 28. List addresses of all real property owned by you or your spouse, percentage of ownership, current market value, and annual taxation.  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

- 29. Name of present employer: \_\_\_\_\_
- 30. Type of business: \_\_\_\_\_
- 31. Business address: \_\_\_\_\_
- 32. Business telephone: \_\_\_\_\_ 33. Length of employment: \_\_\_\_\_
- 34. Employment for last ten years:  

<u>Business</u>	<u>Address</u>	<u>Position</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- 35. Have you ever been discharged from a position? \_\_\_\_\_ If yes, please detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

- 36. Mother's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
- 37. Father's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
- 38. Maiden name of spouse of applicant: \_\_\_\_\_
- 39. Spouse's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
- 40. Spouse's employer: \_\_\_\_\_

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

41. Names, addresses and places of birth of all children.

<u>Full Name</u>	<u>Address</u>	<u>Place and Date of Birth</u>


**EDUCATIONAL HISTORY**

<u>Schools Attended</u> <u>Diploma</u>	<u>Address</u>	<u>Years Attended</u>	<u>Degree or</u>


**MILITARY SERVICE**

43. Branch of military: \_\_\_\_\_

44. Years of service: \_\_\_\_\_

45. Date of discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

46. Military service no: \_\_\_\_\_

**FINANCIAL**

47. List bank and credit accounts of applicant and spouse.

<u>Name</u>	<u>Address</u>	<u>Type of Account/Number</u>


48. List all outstanding loans.

<u>Name</u>	<u>Address</u>	<u>Type of Loan/Lender</u>


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**REFERENCES**

49. List three professional references:

<u>Name</u>	<u>Address/Phone</u>	<u>Years Known/Occupation</u>


50. List three personal references:

<u>Name</u>	<u>Address/Phone</u>	<u>Years Known/Occupation</u>


I certify the information contained in the Background Investigation Report, and all attachments hereto, is true and complete, and I understand that any misrepresentation or falsification 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 I have a continuing obligation to provide updated information on questions in applications submitted to the City. I understand 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 Clerk's Office - Referral to Police Department - Date \_\_\_\_\_

BELOW FOR POLICE USE ONLY

**Criminalistics:**

( ) Photographs

By: \_\_\_\_\_

( ) Fingerprints

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

LPD Identification No. \_\_\_\_\_

**Investigation Division:**

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

Criminal History

( ) Yes

( ) No - Criminal Record, NCIC

( ) Yes

( ) No - Criminal Record, FBI (Letter mailed):

By: \_\_\_\_\_

( ) Yes

( ) No - Criminal Record, Lakewood Police Department

( ) Yes

( ) No - Criminal Record, Jeffco Sheriff's Department

( ) Yes

( ) No - Criminal Record, CBI (CCIC)

( ) Yes

( ) No - Criminal Record, \_\_\_\_\_

( ) Yes

( ) No - Criminal Record, \_\_\_\_\_

Background Summary: \_\_\_\_\_

Memorandum Completed: ( ) Yes ( ) No

By: \_\_\_\_\_  
Investigator

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

Reviewing Supervisor \_\_\_\_\_

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

**Recommendation:**

( ) Approval

( ) No Recommendation

( ) Disapproval

Intelligence Division

**CITY OF LAKEWOOD, COLORADO  
AMUSEMENT ARCADE ATTACHMENT**

**GENERAL INFORMATION**

1. Business Name: \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Business telephone number: \_\_\_\_\_
4. Name: \_\_\_\_\_
5. Address: \_\_\_\_\_
6. Home telephone number \_\_\_\_\_
7. Do you hold, or have you held, a direct or indirect interest in an arcade license? \_\_\_\_\_  
If yes, include name of establishment, address, type of license, and date:  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you, any member of your family, or any corporation, company, or partnership in which you were involved, ever had a amusement arcade license suspended, revoked, or refused? If yes, give name, date, jurisdiction, and action taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. List all of your arrests, felony, misdemeanor, and traffic charges. Please list dates, charge, location, convictions, and sentences, etc.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. List all civil court actions, including divorce and name changes, along with the names of litigants, dates, court of jurisdiction, and causes of action.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Signature: \_\_\_\_\_

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