



CITY OF LAKEWOOD

INDIVIDUAL'S BACKGROUND INVESTIGATION PACKET

Lakewood Civic Center

Upon receipt of a properly completed application, together with all information required in connection therewith, fingerprints and photographs, and the payment of the application and license fees, the City Clerk shall transmit the application to the Lakewood Police Department for investigation of the background, character and financial responsibility of each individual applicant, the partner of a partnership, manager of a limited liability company, officer, director and holder of ten percent or more of the corporate stock of the corporate applicant or holder of ten percent or more interest in a limited liability company, and any person with a financial interest in the pawnbroker establishment.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Background Investigation Report
- Pawnbroker Application Attachment
- Release of Information
- Current Personal Financial Statement or a Balance Sheet and Income Account Statement for the preceding twelve months prior to date of application
- Three letters of character reference

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

ALL INFORMATION IS TO BE TYPED OR HAND PRINTED IN BLACK INK

PLEASE SUBMIT FORMS AND SUPPORTING DOCUMENTS IN DUPLICATE

FINGERPRINTING – CITY OF LAKEWOOD POLICE DEPARTMENT
Tuesday, 8:00 a.m. to 9:30 a.m.
Wednesday, 11:30 a.m. to 1:00 p.m.

FEE REQUIRED FOR INITIAL INVESTIGATION

- \$ 39.00 fingerprinting application fee
- \$ 5.00 fingerprinting processing fee

CITY OF LAKEWOOD, COLORADO BACKGROUND INVESTIGATION REPORT

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 Has your driver's license ever been revoked or suspended?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): _____
- _____
- _____
- _____
- _____

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

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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>
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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: _____

40. Spouse's employer: _____

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

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

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

TO BE COMPLETED BY THE CITY OF LAKEWOOD POLICE DEPARTMENT

CITY OF LAKEWOOD, COLORADO PAWNBROKER ATTACHMENT

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GENERAL INFORMATION

1. Name of Individual: _____
 2. Address of Individual: _____
 3. Home telephone number: _____ Business telephone number: _____
 4. Business Name: _____
 5. Business Address: _____
 6. Do you hold, or have you held, a direct or indirect interest in a pawnbroker license? _____
If yes, include name of establishment, address, type of license, and date:

 7. Have you, any member of your family, or any corporation, company, or partnership in which you were involved, ever has a pawnbroker license suspended, revoked, or refused? If you, give name, date, jurisdiction, and action taken:

 8. List all of your arrests, felony, misdemeanor, and traffic charges. Please list dates, charge, location, convictions, and sentences:

 9. List all civil court actions, including divorce and name changes, along with the names of litigants, dates, court of jurisdiction, and causes of action.

- Signature of Applicant _____



City of Lakewood

Police Department

445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303-205-0910
TDD: 303-987-7111
Fax: 303-205-0920

AUTHORITY FOR RELEASE OF INFORMATION

Name _____
(Last) (First) (Middle)

_____ Date of Birth _____
Sex Month/Day/Year

I, _____ 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 savings 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, wheresoever 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)