



CITY OF LAKEWOOD

MANAGER'S REGISTRATION

Lakewood Civic Center

Businesses licensed to do pawnbroker business that employ a manager are required to report manager changes. Failure to comply could result in the revocation or suspension of the pawnbroker license. Manager registration information must be filed within 30 days of change or new hire date.

Within thirty days of the hire date, the manager must submit paperwork and fees to the City Clerk's Office. The manager will be referred to the police department for fingerprinting and photographing.

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Three letters of character reference

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

- \$150.00 manager registration fee
- \$ 39.00 fingerprinting application fee
- \$ 5.00 fingerprinting processing fee

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

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 Has your driver's license ever been revoked or suspended?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

Business

Address

Position

Dates

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.

Full Name

Address

Place and Date of Birth

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

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

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 _____

