



If corporation, list names, addresses, and dates of birth of:

President

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Vice-President

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Treasurer

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Secretary

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Director

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Director

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List all stockholders who have a 10% or more financial interest in this business.

| Name | DOB | Complete Address<br>(street name, city, state, and zip) | Percentage |
|------|-----|---|------------|
|      |     |   |            |
|      |     |   |            |
|      |     |   |            |
|      |     |   |            |
|      |     |   |            |

11. Do you have a registered corporate agent?  yes

no

If yes, provide the following information:

\_\_\_\_\_

Name

\_\_\_\_\_

Street address

\_\_\_\_\_

City & State

\_\_\_\_\_

Zip Code

## 12. LIMITED LIABILITY INFORMATION

If limited liability company, list name and date of formation: \_\_\_\_\_

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List all stockholders who have a 10% or more financial interest in this business.

| Name | DOB | Complete Address<br>(street name, city, state, and zip) | Percentage |
|------|-----|---|------------|
|      |     |   |            |
|      |     |   |            |
|      |     |   |            |
|      |     |   |            |
|      |     |   |            |

13. Do you have a registered corporate agent?  yes  no

If yes, provide the following information: \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street address City & State Zip Code

**PROPERTY INFORMATION**

14. Is the building owned or leased?  owned  Leased

15. Name and **complete** address of building owner \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street address City & State Zip Code

16. Is the land owned or leased?  owned  Leased

Name and **complete** address of landowner \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street Address City & State Zip Code

**PERSONAL INFORMATION**

17. Your name: \_\_\_\_\_  
 Last Name First Name Middle Initial

18. Other names used (including maiden name): \_\_\_\_\_

19. Home Address: \_\_\_\_\_  
 Street Name City & State Zip Code

20. Home Phone: \_\_\_\_\_ 21. Cell Phone: \_\_\_\_\_  
 (Area Code) (Area Code)

22. Date of Birth: \_\_\_\_\_ 23. Place of Birth: \_\_\_\_\_

24. Sex:  F  M      25. Race: \_\_\_\_\_      26. Eye Color: \_\_\_\_\_
27. Height: \_\_\_\_\_      28. Weight: \_\_\_\_\_      29. Hair Color: \_\_\_\_\_
30. Are you a U.S. Citizen?       Y       N      31. Permanent Residence No.: \_\_\_\_\_
32. Alien Registration No.: \_\_\_\_\_      33. Naturalization No.: \_\_\_\_\_
34. List all states of residence (including military): \_\_\_\_\_  
\_\_\_\_\_

35. List residential addresses for the past 5 years (attach separate page if necessary)

| Street Address | City, State & Zip Code |
|----------------|------------------------|
|                |                        |
|                |                        |
|                |                        |
|                |                        |

36. Is your current residence owned or rented? \_\_\_\_\_
37. If rented, give name, and **complete** address of landlord: \_\_\_\_\_  
\_\_\_\_\_
38. If owned, give name, and **complete** address of mortgagor: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

39. Name of present employer: \_\_\_\_\_
40. Type of Business: \_\_\_\_\_      54. Current Position: \_\_\_\_\_
41. Business address: \_\_\_\_\_  
Street name                      City, State                      Zip Code
42. Business phone no.: \_\_\_\_\_      57. Length of Employment: \_\_\_\_\_  
(Area Code)

43. Employment for the last 5 years:

| Company Name | Complete Address<br>Include street name, city, state and zip | Position Held | To/From |
|--------------|--|---------------|---------|
|              |  |               |         |
|              |  |               |         |
|              |  |               |         |
|              |  |               |         |

44. Have you ever been discharged from a position?  Y  N If yes, please explain:

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**FINANCIAL INFORMATION**

45. List all personal bank accounts

| Bank | Address<br>(street name, city, state & zip) | Type of Account | Account Number |
|------|---|-----------------|----------------|
|      |   |                 |                |
|      |   |                 |                |
|      |   |                 |                |
|      |   |                 |                |

46. List all personal outstanding loans and credit cards (attach a separate page if necessary).

| Lender | Address<br>(street name, city, state & zip) | Type of Loan | Account Number |
|--------|---|--------------|----------------|
|        |   |              |                |
|        |   |              |                |
|        |   |              |                |
|        |   |              |                |

47. Cash to be invested

| Source | Address<br>(street name, city, state & zip) | Amount | Account No. |
|--------|---|--------|-------------|
|        |   |        |             |
|        |   |        |             |
|        |   |        |             |
|        |   |        |             |

48. Complete the following on all business loans obtained (Attach copies of loan agreements).

| Source | Address<br>(street name, city, state & zip) | Amount | Collateral |
|--------|---|--------|------------|
|        |   |        |            |
|        |   |        |            |
|        |   |        |            |
|        |   |        |            |

49. Complete the following on all business accounts.

| Bank | Bank Address<br>(street name, city, state & zip) | Account Number | Authorized Signatories |
|------|--|----------------|------------------------|
|      |  |                |                        |
|      |  |                |                        |
|      |  |                |                        |
|      |  |                |                        |

50. State purchase price of business \_\_\_\_\_

#### ADDITIONAL BACKGROUND INFORMATION

51. List business license or permit history for the past 5 years:

| Type of Permit or License and Jurisdiction | Name of Business | Address of Business<br>(street name, city, state & zip) | Dates To/From |
|--|------------------|---|---------------|
|  |                  |   |               |
|  |                  |   |               |
|  |                  |   |               |
|  |                  |   |               |

52. Have you ever had a license, permit or authorization to do business denied, revoked or suspended, or had any professional or vocational license or permit denied, revoked or suspended?

Y     N

If yes, state the date, jurisdiction, and describe in full detail the reason: \_\_\_\_\_

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53. List all of your arrests (include date, charge, location, conviction, sentence and disposition):

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54. List all of your traffic charges (include date, location, charge, conviction, sentence, and disposition):

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55. If this is a renewal application, are you still in compliance with the Crime Prevention Through Environmental Design (CPTED) requirements?

Y     N

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.

I/We certify that the information contained in this Care-Giver Facility Application and all attachments hereto is true and complete. I/We understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license.

I/We understand that there is a continuing obligation to provide updated information to the City. Should an answer change, or new information becomes available, the City must be contacted at 303-987-7080.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_