



CITY OF LAKEWOOD

AMUSEMENT ARCADE CHANGE OF CORPORATE OFFICER OR DIRECTOR AND ANY TRANSFER OF CAPITAL

Lakewood Civic Center

Lakewood Municipal Code 5.46.123 requires that any change of corporate officers/directors or any transfer of capital stock be reported within 30 days of the change to the Lakewood City Clerk's Office.

Transfer of stock 10% or over, or change of any corporate officer or director:

Corporations submit:

- _____ Lakewood Report of Changes Form
- _____ Copies of corporate minutes or a resolution approving the change
- _____ Copies of letters of resignations, if applicable
- _____ Purchase documents including agreements, contracts, loan documents, and promissory notes
- _____ All stock certificates issues, front and back sides, buy-out stock option, if applicable, and canceled stock certificates
- _____ Certificate of Good Standing from Secretary of State's office
- _____ Document for each new officer, director, and over 10% (or more) stockholder:
 - o Amusement Arcade Attachment
 - o Background Investigation Report
 - o Release of Information
- _____ \$100.00 fee per member and/or principle for investigation
- _____ \$38.50 fee for fingerprinting per member and/or principle

ALL INFORMATION IS TO BE TYPEWRITTEN OR HAND PRINTED IN BLACK INK. SUBMIT ALL DOCUMENTS IN TRIPLICATE

When completed applications are received in the City Clerk's Office, individuals are referred to the Lakewood Police Department for fingerprinting to undergo a background investigation.

FINGERPRINTING IS CONDUCTED ONLY DURING SPECIFIED TIMES:

Tuesday, 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/photograph requirements by mail using special packets available from the City Clerk's Office.

If you have any questions regarding change of corporate officer or director and any transfer of capital stock, please call the City Clerk's office at 303-987-7080.

CITY OF LAKEWOOD

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

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

Use this form to report changes in corporate structure, trade name or manager, changing, altering, or modifying licensed premises.

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

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

Old Trade Name:

New Trade Name:

11. Change of Manager.

Former Manager's Name

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

12. Modification of Premises

a. Describe change proposed _____

b. Will the proposed change cause the licensed premises to be located within 1,500 feet of any school? _____

c. Will the proposed change cause the licensed premises to be located within 200 feet of any existing amusement arcade? _____

Is the proposed change in compliance with local building and zoning laws? _____

d. Are such changed premises owned or leased? Owned Leased
(Attach a signed copy of deed or lease in the name of the **licensee only**)

e. Attach a diagram of the current licensed premises and a diagram of the proposed changes for the licensed premises.

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 city ordinances relative to this license.

Signature

Title

Date

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

**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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**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): _____
- _____
- _____
- _____

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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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- 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: _____

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

Full Name

Address

Place and Date of Birth

EDUCATIONAL HISTORY

42. Schools Attended

Address

Years Attended

Degree or Diploma

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.

Name

Address

Type of Account/Number

48. List all outstanding loans.

Name

Address

Type of Loan/Lender

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: _____ Date: _____
Investigator

Reviewing Supervisor _____ Date: _____

Recommendation:

() Approval () No Recommendation () Disapproval

Investigation Division

LAWFUL PRESENCE AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____ I am a United States citizen, or

_____ I am a permanent resident of the United States, or

_____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature _____

Date _____

For office use only:

Type of Identification Presented: _____

Initials of Clerk: _____

Date: _____

City of Lakewood

Police Department

445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303-987-7540
TDD: 303-987-7111
Fax: 303-987-7155

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)