



**CITY OF LAKEWOOD**

# **NEW APPLICATION OR TRANSFER OF OWNERSHIP FOR LIQUOR LICENSES**

## Lakewood Civic Center

Persons seeking a liquor license in the City of Lakewood may pick up an application packet at the City Clerk's Office, 480 S. Allison Parkway, Lakewood, CO. Application packets can also be mailed or accessed online at [www.lakewood.org](http://www.lakewood.org). Completed applications are accepted *by appointment only*. To make an appointment, contact the City Clerk's office at 303-987-7080.

### Packet Includes

- Liquor Licensing Fee Schedule
- Instructions/Procedures for Completing a Liquor or 3.2% Fermented Malt Beverage License Application
- DR 8404 Colorado Liquor Retail License Application
- Affidavit of Transfer and Statement of Compliance
- Food Service Affidavit
- Distance Requirement Affidavit
- Alcohol Awareness Seminar Schedule
- Application for Sales and Use Tax License
- Request for Certificate of Taxes Due
- Colorado Liquor Beer Code Book Order Form
- Colorado Liquor and Beer Licensee Handbook

### **TIME REQUIREMENTS**

**A NEW OR TRANSFER OF OWNERSHIP CAN TAKE UP TO 4 TO 6 MONTHS TO PROCESS**

### **BACKGROUND INVESTIGATION**

Each individual who has a controlling or financial interest in the license must undergo a personal background investigation conducted by the Lakewood Police Department.

### **APPROVAL PROCESS**

The Lakewood Liquor Licensing Authority considers applications for approval. Meetings are held in the City Council Chambers located in Civic Center South at 480 S. Allison Parkway in Lakewood, CO. Meetings begin at 2:00 p.m. on the second and fourth Thursday of each month.

### **SALES TAX LICENSES**

Must be obtained prior to the start of business. For any transfer of ownership application, all prior city sales tax must be paid before the transfer will be approved. Contact the Colorado Department of Revenue 303-534-1209 and the Lakewood Sales Tax Office 303-987-7630.

### **TEMPORARY PERMIT**

To operate under a temporary permit, an application must be submitted within 30 days of filing a Transfer of Ownership application.

If you have any questions regarding a new application or transfer of ownership for liquor licenses, please call the City Clerk's office at 303-987-7080.

**All documents must be submitted in triplicate on 8 1/2 x 11 single-sided white paper**

**City Clerk's Office - 480 S. Allison Parkway - Lakewood, CO 80226  
Phone: 303-987-7084 - Fax: 303-987-7088 - TDD: 303-987-7057**

## TIMELINE TO OBTAIN A NEW LIQUOR LICENSE

An applicant for a liquor license must schedule an appointment with the City Clerk's Office to determine if the application packet is complete in every detail. Joyce Wamboldt is the Liquor License Specialist, 303-987-7084. It generally takes approximately five months to obtain a liquor license.

Fingerprinting – After it has been determined that the application is complete, the next step is to schedule an appointment with the Lakewood Police Department for fingerprinting. The appointment is normally scheduled within a week to ten days.

Background Investigation – After an applicant has been fingerprinted, the background investigation begins which typically takes 90 days to complete.

Scheduling a hearing before the Liquor Authority – The applicant will have a hearing before the Lakewood Liquor Authority prior to the completion of the background investigation. The applicant will receive a letter approximately five weeks after fingerprinting that will state the date of the hearing.

Needs and Desires – An applicant must prove that the neighborhood does need and does desire a liquor license at the proposed location. This is normally accomplished by petitioning. The City Clerk's Office establishes the boundaries for the neighborhood and will state those boundaries in the same letter that states the date of the hearing.

Legal Notice – Four weeks prior to the Liquor Authority hearing, the City Clerk's Office will post a legal notice in the local newspaper as well as on the City's website that will state the name and address of the applicant, the type of license, and the date and time of the Liquor Authority hearing.

Petitions – Petitions are due in the City Clerk's Office 15 days prior to the date of the hearing. The petitions will be checked and made available to the Liquor Authority.

Preliminary Findings – The City Clerk's Office will mail another letter to the applicant ten days prior to the hearing that will include the date of the hearing, whether the police department has completed the background investigation, and the number of liquor licenses that are located within the neighborhood.

Liquor Authority Hearing – The applicant will go before the Liquor Authority where the Authority will determine whether to approve or deny the issuance of the liquor license.

State Liquor Enforcement – After the applicant has passed the background investigation and the Liquor Authority has approved the issuance of the license, the local approval is sent to the Colorado Liquor Enforcement Division.

License Issued – It can take anywhere from a week to three months to get the State liquor license. Liquor Enforcement will send the State license to the City Clerk's Office. The City Clerk's Office will then issue the City liquor license. The City Clerk's Office will call the applicant to let the applicant know both licenses have been issued and can be picked up.















LEARN TO USE YOUR I.D.  
CHECKING GUIDE

\$20.00 each in the CITY  
CLERK'S OFFICE

IT CONTAINS  
INFORMATION ON:

U. S. DRIVER LICENSES  
and STATE ID CARDS

CANADA DRIVER LICENSES

U. S. & CANADIAN  
TERRITORIES

U. S. IMMIGRATIONS  
U. S. MILITARY

CREDIT CARDS  
LICENSE PLATES

New section added on  
UV Codes (page 70)



**DISTANCE REQUIREMENT  
AFFIDAVIT**

State of \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 County of \_\_\_\_\_ )

I, \_\_\_\_\_

do hereby state and affirm that there are no public or parochial schools, or principal campus of any college, university or seminary within 500 feet of:

\_\_\_\_\_ located at  
 \_\_\_\_\_.

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

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

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

My commission expires: \_\_\_\_\_.



**FOOD SERVICE  
AFFIDAVIT**

State of \_\_\_\_\_ )  
                                  )  
County of \_\_\_\_\_ )

I, \_\_\_\_\_  
do hereby state and affirm that not less than twenty-five percent of the  
gross income of the business \_\_\_\_\_  
located at \_\_\_\_\_  
will be derived from meals that are actually and regularly served at that  
location.

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

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

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

My commission expires: \_\_\_\_\_.



## AFTER HOURS EMERGENCY CONTACT FORM

Please provide current contact information to help the Lakewood Police Department protect your property in the event of an after-hours emergency at your business. All information is confidential. If you have questions, call 303-987-7111. Mail or fax the completed form to the Lakewood Police Department Communications Center, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-763-6828.

Business Name \_\_\_\_\_

If Storefront sign is different, please indicate that name here \_\_\_\_\_

Exact Business Address (please include Unit #) \_\_\_\_\_

Gate Code (apts, storage facilities etc) \_\_\_\_\_

Is this business operating out of your home?    Yes                      No \_\_\_\_\_

Local Business Phone # \_\_\_\_\_

Please circle one:            Landline                      Cell                      VOIP

Type of Business (bank, tavern, etc) \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Alarm Company \_\_\_\_\_ Phone \_\_\_\_\_

Alarm System (please circle all that apply)    Silent            Holdup            Audible

Please list personnel (who have keys) in the order in which they should be called if someone is needed to respond to an after-hours emergency. List after-hours **LOCAL** numbers, not daytime.

Name \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_

Please provide additional information to help protect your business in case of an after-hours emergency (for example: guard dogs, employees are onsite 24 hrs, hazardous materials stored on site) \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_



**CITY OF LAKEWOOD**

# **INDIVIDUAL'S BACKGROUND INVESTIGATION PACKET**

## Lakewood Civic Center

As part of the liquor or beer license application, Colorado Revised Statutes and the Lakewood Municipal Code requires each individual who is a sole proprietor, partner, corporate officer, director, or stockholder to give personal history information that will be used to conduct a background investigation.

Included are the following forms:

- Background Investigation Report
- Release of Information
- Individual History Record (DR 8404-I)
- Lawful Presence Affidavit

**ALL INFORMATION MUST BE TYPEWRITTEN OR HAND  
PRINTED IN BLACK INK**

**PLEASE SUBMIT FORMS AND SUPPORTING DOCUMENTS  
IN TRIPLICATE**

When the complete liquor or beer license application is received in the City Clerk's Office, individuals will be referred to the Lakewood Police Department for fingerprinting.

### **FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY**

All paperwork must be submitted to the City Clerk's Office prior to scheduling an appointment for fingerprinting.

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 this packet, 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  
BACKGROUND INVESTIGATION REPORT  
FOR LIQUOR APPLICATIONS**

This document provides basic information that is necessary for the licensing authorities' investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.**

1. Name of applicant: \_\_\_\_\_

2 Applicant is a:  Limited Liability Company  Corporation  
 Partnership  Sole Proprietorship

3. List all officers, directors (corporation), managing members (LLC), or partners

Position Held	Names of all Directors, Officers, Managing Members, or partners	Complete Home Address (Street name, City, State, and Zip Code)	DOB

4. Trade Name: \_\_\_\_\_

5. Business address: \_\_\_\_\_  
Street name City & State Zip Code

6. Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

7. Does an attorney represent you? If yes, provide name, address, and phone no.  
\_\_\_\_\_  
\_\_\_\_\_



8. List any other persons who have a direct or indirect financial interest in this business.

Name	Complete Address (street name, city, state, and zip)	Percentage

**PERSONAL INFORMATION**

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

10. Other names used: \_\_\_\_\_

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

12. Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Area Code)

13. Date of Birth: \_\_\_\_\_ 14. Place of Birth: \_\_\_\_\_

15. Sex:  F  M 16. Race: \_\_\_\_\_ 17. Eye Color: \_\_\_\_\_

18. Height: \_\_\_\_\_ 19. Weight: \_\_\_\_\_ 20. Hair Color: \_\_\_\_\_

21. Social Security No. \_\_\_\_\_

22. Driver's License No.: \_\_\_\_\_ 23. State Issuing Driver's License: \_\_\_\_\_

24. Has your driver's license **ever been** suspended or revoked?  Y  N

25. If yes, please explain (include date and location): \_\_\_\_\_

26. **Is** your driver's license suspended, revoked, canceled or denied now?  Y  N

27. If yes, please explain (include date and location) \_\_\_\_\_

28. Are you a U.S. Citizen?  Y  N 29. Permanent Residence No.: \_\_\_\_\_

30. Alien Registration No.: \_\_\_\_\_ 31. Naturalization No.: \_\_\_\_\_

32. List all states of residence (including military): \_\_\_\_\_  
\_\_\_\_\_

33. List addresses for the past five years (attach separate page if necessary)

Street Address	City, State & Zip Code

34. Is your current residence owned or rented? \_\_\_\_\_

35. If rented, give name, and **complete** address of landlord: \_\_\_\_\_  
\_\_\_\_\_

36. If owned, give name, and **complete** address of mortgagor: \_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

37. Mother's full name: \_\_\_\_\_

38. Father's full name: \_\_\_\_\_

39. Spouse's full name (including maiden): \_\_\_\_\_

40. Spouse's Date of Birth: \_\_\_\_\_ 41. Spouse's Place of Birth: \_\_\_\_\_

42. Spouse's **complete** residence address, if different than yours: \_\_\_\_\_  
\_\_\_\_\_

43. Spouse's Present Employer: \_\_\_\_\_

44. List the name, address, date and place of birth of all children

Name	Complete Home Address Include street name, city, state and zip	Birthplace City and State or Country	DOB

45. Have you ever served in the military?  Y  N

46. If yes, what branch? \_\_\_\_\_

47. Years of Service: \_\_\_\_\_ 48. Date of Discharge: \_\_\_\_\_

49. Type of Discharge: \_\_\_\_\_ 50. Military Service No.: \_\_\_\_\_

**EDUCATIONAL HISTORY**

51. List all high schools and colleges attended

School Attended (High School and/or College)	Address (include city & state)	Years Attended

**EMPLOYMENT HISTORY**

52. Name of present employer: \_\_\_\_\_

53. Type of Business: \_\_\_\_\_ 54. Current Position: \_\_\_\_\_

55. Business address: \_\_\_\_\_  
Street name City, State Zip Code

56. Business phone no.: \_\_\_\_\_ 57. Length of Employment: \_\_\_\_\_  
(Area Code)

58. Employment for the last 10 years:

Company Name	Complete Address Include street name, city, state and zip	Position Held	To/From

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

---

**FINANCIAL INFORMATION**

60. List all personal bank accounts of applicant and spouse

Bank	Address (street name, city, state & zip)	Type of Account	Account Number

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

Lender	Address (street name, city, state & zip)	Type of Loan	Account Number

62. Cash to be invested

Source	Address (street name, city, state & zip)	Amount	Account No.

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

Source	Address (street name, city, state & zip)	Amount	Collateral

64. Complete the following on all business accounts.

Bank	Bank Address (street name, city, state & zip)	Account Number	Authorized Signatories

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

**PROPERTY INFORMATION**

66. Is the building owned or leased?  owned  Leased

67. Name and **complete** address of building owner \_\_\_\_\_  
name

\_\_\_\_\_ street address \_\_\_\_\_ city & state \_\_\_\_\_ zip code

68. Is the land owned or leased?  owned  Leased

69. Name and **complete** address of land owner \_\_\_\_\_  
name  
\_\_\_\_\_  
street address city & state zip code

**REFERENCES**

70. List three professional references

Name	Complete Address Include street name, city, state and zip	Occupation	Telephone number

71. List three personal references

Name	Complete Address Include street name, city, state and zip	Occupation	Telephone number

**ADDITIONAL BACKGROUND INFORMATION**

72. Do you hold, or have you ever held, a direct or indirect interest in a liquor or beer license?  Y  N  
If yes, include name of establishment, complete address, type of license and dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

73. Have you, any member of your family, or any corporation, company, or partnership in which you were involved ever had a liquor license suspended, revoked, or refused?  Y  N  
If yes, give name, dates, jurisdiction, and action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

---

---

---

75. List all civil court actions (include divorce, name changes) along with the names of litigants, dates, court of jurisdiction and cause of action: \_\_\_\_\_

---

---

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

---

---

**ADDITIONAL DOCUMENTS CHECKLIST**

- ( ) Stamped Articles of Incorporation and/or Certificate of Good Standing (if incorporated 2+ years
- ( ) Stock Certificates (front & back)
- ( ) Purchase Agreement
- ( ) Deed or Lease
- ( ) Diagram of the Premises (no larger than 8 ½ X11)
- ( ) Partnership Agreement
- ( ) Stamped Articles of Organization
- ( ) Operating Agreement
- ( ) Certificate of Authority (if foreign company)

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.

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

\_\_\_\_\_  
Date

Subscribed and sworn to before me in the county of \_\_\_\_\_, State of Colorado, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_.

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

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



City Clerk's Office – Referral to Police Department – Date \_\_\_\_\_

\*\*\*\*\*

**Criminalistics:**

( ) Photographs By: \_\_\_\_\_

( ) Fingerprints Date: \_\_\_\_\_

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

\*\*\*\*\*

**Investigation Division:** Date Received: \_\_\_\_\_

**Criminal History**

- ( ) Yes ( ) No – Criminal Record, NCIC
- ( ) Yes ( ) No – Criminal Record, CCIC
- ( ) Yes ( ) No – Criminal Record, Lakewood Police Department
- ( ) Yes ( ) No – Criminal Record, Jeffco Sheriff's Office
- ( ) Yes ( ) No – Criminal Record, \_\_\_\_\_
- ( ) Yes ( ) No – Criminal Record, \_\_\_\_\_

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

\_\_\_\_\_

Memorandum Completed: ( ) Yes ( ) No

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

\_\_\_\_\_ Date: \_\_\_\_\_  
Reviewing Supervisor

\*\*\*\*\*

**Recommendation:**

- ( ) Approval ( ) No Recommendation ( ) Disapproval

\_\_\_\_\_ Date: \_\_\_\_\_  
Investigation Division



## AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

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.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

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

# 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.

\_\_\_\_\_  
Affiant's Signature

Subscribed and sworn to before me in the county of \_\_\_\_\_, State of Colorado, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_.

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

\_\_\_\_\_  
Expiration Date