



CITY OF LAKEWOOD

NEW APPLICATION OR TRANSFER OF OWNERSHIP FOR LIQUOR LICENSES

Lakewood Civic Center

- 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

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. Completed applications are accepted *by appointment only*. To make an appointment, contact the City Clerk's office at 303-987-7080.

TIME REQUIREMENTS

A new license or transfer of ownership can take up to 150 days 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.

AMUSEMENT DEVICES AND VIDEO GAMES

Must be licensed if there are more than 14 devices. Contact the Lakewood City Clerk's Office for information and forms.

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.

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

INSTRUCTIONS/PROCEDURES FOR COMPLETING A LIQUOR OR 3.2% FERMENTED MALT BEVERAGE LICENSE APPLICATION

Anyone seeking a liquor or 3.2% fermented malt beverage license in the City of Lakewood must complete an application packet.

Applications are accepted by appointment only. Make an appointment with the Liquor Licensing Clerk by calling (303) 987-7084 to review the application. Allow approximately two hours for the scheduled meeting.

Applications will not be considered unless all questions are fully answered, if a question is not applicable, write n/a. If the answer is none, write none. All supporting documents must be submitted and correspond exactly with the name of the applicant. The required fees must be included with the application (refer to fee schedule). Incomplete applications will not be accepted.

All documents must be fully executed showing required signature and dates. Items that are contingent upon receipt of the liquor license should include a contingency clause worded in the documents. If specimen copies are created they must be clearly marked "specimen."

NOTE: Changes in application information (i.e. changes in financial sources, corporate structure, any action taken by a law enforcement agency or litigation connected with the application) must be provided to update the information contained in the original application.

All forms are to be TYPEWRITTEN or HANDWRITTEN IN BLACK INK and submitted in TRIPLICATE.

FINGERPRINTING AND PHOTOGRAPHING

Applicants will be referred to the Lakewood Police Department for fingerprinting and photographing only during specified times below:

**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 satisfy the fingerprinting requirements by mail using the packets available from the City Clerk's Office.

DOCUMENT CHECKLIST

I. APPLICATION

- _____ A. Application form DR 8404
- _____ B. Affidavit stating school is not located within 500 feet of the licensed premises (n/a on transfers)
- _____ C. (H&R licensees only): Affidavit to certify that food sales will be a minimum of 25% of gross income
- _____ D. Affidavit of Transfer
- _____ E. Certificate of Taxes Due (Transfer Applications Only)
- _____ F. Evidence that the applicant meets the Jefferson County Health Dept. food service requirements (n/a for Retail Liquor and 3.2% Beer Off Premises Licenses)

II. FEES

Make checks payable to the State of Colorado or to the City of Lakewood. Refer to the attached fee schedule.

Note: Separate and distinct managers must register with the City by completing a manager registration packet available in the City Clerk's Office.

CITY OF LAKEWOOD FEES

Application Processing Fee	\$ _____
License Fee	\$ _____
Occupation Fee	\$ _____
Manager Registration Fee	\$ _____
Fingerprinting (\$39.50 per owner)	\$ _____
Temporary Permit Application	\$ _____
Total City Fees	\$ _____

COLORADO DEPARTMENT OF REVENUE FEES

Application Processing Fee	\$ _____
License Fee	\$ _____
Manager fees (H&R & Taverns) \$75	\$ _____
Total State fees	\$ _____

III. INDIVIDUAL BACKGROUND INFORMATION

The following documents are required

- A. Background Investigation Report (one form per individual)**
- B. Individual History Record DR 8404-I**
- C. Release of Information Form**
- D. Copies of Naturalization Certificate, Permanent Residence Card, or Alien Registration Card (if applicable)**

IV. PROOF OF POSSESSION OF PREMISES

- A. Deed or lease (lease must cover one year minimum from issue date of license).**
- B. Assignment of lease, if applicable**
- C. Certificate of Zoning**
- D. Building plans for existing structure or architects drawing of building to be constructed and plot plan (reduced to 8 1/2" x 11").**
- E. 8 1/2" x 11" diagram of premises to be licensed outlined in red**

V. FINANCIAL DOCUMENTS

- A. Purchase agreement or stock transfer agreement**
- B. Notarized affidavit on source of funds invested (Applicant must draft)**
- C. Photocopies of notes or loans (assumed, banks, etc.) dated and signed**
- D. If funds invested are from a bank account, provide bank statements from the previous six months prior to the date of the application**

VI. CORPORATE DOCUMENTS (IF CORPORATION)

- A. Certificate of Incorporation or Certificate of Good Standing (if corporation is two years old) or Certificate of Authorization (if out-of-state corporation)**
- B. Articles of Incorporation (stamped by Secretary of State's Office)**
- C. List of current officers, stockholders, and directors**
- D. Minutes/resolutions electing current officers, stockholders, and directors**
- E. Trade name certificate, if applicable**
- F. Annual corporate report (if corporation is two years old)**
- G. Stock Certificates (100%), copy front and back**

VII. LIMITED LIABILITY COMPANY

- A. Articles of Organization**
- B. Acknowledgment from Secretary of State's Office**
- C. Copy of operating agreement**
- D. Certificate of Authority (if foreign company)**
- E. Minutes of meetings reflecting acceptance of new members**
- F. Certificate of Good Standing (if company is two years old)**

VIII. PARTNERSHIP DOCUMENT

- A. Partnership agreement (general or limited) Not needed if husband and wife**
- C. Certificate of partnership**



CITY OF LAKEWOOD

LIQUOR LICENSING FEE SCHEDULE

License Type	Application Fee	Occupation Fee	License Fee	Total Local Fees	Application Fee (State)	License Fee (State)	Total Fees (State)
Tavern							
New	\$500.00	\$1,000.00	\$75.00	\$1,575.00	\$1025.00	\$500.00	\$1,525.00
Transfer	500.00	1,000.00	75.00	1,575.00	1025.00	500.00	1,525.00
Renewal	50.00	1,000.00	75.00	1,125.00	N/A	500.00	500.00
Hotel & Restaurant							
New	500.00	1,000.00	75.00	1,575.00	1025.00	500.00	1,525.00
Transfer	500.00	1,000.00	75.00	1,575.00	1025.00	500.00	1,525.00
Renewal	50.00	1,000.00	75.00	1,125.00	N/A	500.00	500.00
Brew Pub							
New	500.00	1,000.00	112.50	1,612.50	1025.00	750.00	1,775.00
Transfer	500.00	1,000.00	112.50	1,612.50	1025.00	750.00	1,775.00
Renewal	50.00	1,000.00	112.50	1,162.50	N/A	750.00	750.00
Beer & Wine							
New	500.00	1,000.00	48.75	1,548.75	1025.00	351.25	1,376.25
Transfer	500.00	1,000.00	48.75	1,548.75	1025.00	351.25	1,376.25
Renewal	50.00	1,000.00	48.75	1,098.75	N/A	351.25	351.25
Club							
New	500.00	1,000.00	41.25	1,541.25	1025.00	308.75	1,333.75
Transfer	500.00	1,000.00	41.25	1,541.25	1025.00	308.75	1,333.75
Renewal	50.00	1,000.00	41.25	1,091.25	N/A	308.75	308.75
Retail Liquor Store							
New	500.00	1,000.00	22.50	1,522.50	1025.00	227.50	1,252.50
Transfer	500.00	1,000.00	22.50	1,522.50	1025.00	227.50	1,252.50
Renewal	50.00	1,000.00	22.50	1,072.50	N/A	227.50	227.50
Liquor-Licensed Drug Store							
New	500.00	1,000.00	22.50	1,522.50	1025.00	227.50	1,252.50
Transfer	500.00	1,000.00	22.50	1,522.50	1025.00	227.50	1,252.50
Renewal	50.00	1,000.00	22.50	1,072.50	N/A	227.50	227.50
3.2% Beer On Premise							
New	500.00	1,000.00	3.75	1,503.75	1025.00	96.25	1121.25
Transfer	500.00	1,000.00	3.75	1,503.75	1025.00	96.25	1121.25
Renewal	50.00	1,000.00	3.75	1,053.75	N/A	96.25	96.25
3.2% Beer On/Off Premise							
New	500.00	1,000.00	3.75	1,503.75	1025.00	96.25	1121.25
Transfer	500.00	1,000.00	3.75	1,503.75	1025.00	96.25	1121.25
Renewal	50.00	1,000.00	3.75	1,053.75	N/A	96.25	96.25
3.2% Beer Off Premise							
New	500.00	1,000.00	3.75	1,503.75	1025.00	96.25	1121.25
Transfer	500.00	1,000.00	3.75	1,503.75	1025.00	96.25	1121.25
Renewal	50.00	1,000.00	3.75	1,053.75	N/A	96.25	96.25

License Type	Application Fee	Occupation Tax	License Fee	Total Local Fees	Application Fee (State)	License Fee (State)	Total Fees (State)
Fingerprinting	N/A	N/A	N/A	\$39.50	N/A	N/A	N/A
*Manager Registration	75.00	N/A	N/A	75.00	75.00	N/A	\$75.00
**Manager Registration	75.00	N/A	N/A	75.00	N/A	N/A	N/A
Special Events (Liquor)	25.00	N/A	N/A	25.00	25.00	N/A	25.00
Special Events (3.2% Beer)	10.00	N/A	N/A	10.00	10.00	N/A	10.00
Change of Location	500.00	N/A	N/A	500.00	150.00	N/A	150.00
***Corp./LLC Changes	100.00	N/A	N/A	100.00	100.00	N/A	100.00
Renewal Application (Late)	500.00	N/A	N/A	500.00	N/A	N/A	N/A
Change of Trade Name	25.00	N/A	N/A	25.00	50.00	N/A	50.00
Modification of Premises	100.00	N/A	N/A	100.00	150.00	N/A	150.00
Duplicate License	25.00	N/A	N/A	25.00	50.00	N/A	50.00
Temporary Permit	100.00	N/A	N/A	100.00	N/A	N/A	N/A
Concurrent Review	N/A	N/A	N/A	N/A	100.00	N/A	100.00

*Tavern and Hotel and Restaurant managers

**All other managers

***Per officer, member, or stockholder pay either local authority or state authority, not both



Mail To: **City of Lakewood**
Department of Finance
 480 South Allison Parkway
 Lakewood Colorado 80226-3127

Application for Sales and Use Tax License

303-987-7630 PHONE
 303-987-7057 TDD
www.lakewood.org

Revised 02-2010

This application is for a City of Lakewood tax license ONLY. Additional zoning code, building code or license approvals may be necessary

Type	PLEASE MARK WHICH LICENSE YOU ARE APPLYING FOR:	PLEASE COMPLETE THE APPLICATION IN FULL
	<input type="checkbox"/> SALES TAX LICENSE (Retail) - \$15.00 fee <input type="checkbox"/> USE TAX LICENSE (Service Only) - No fee	

Business Information	STATE OF COLORADO SALES TAX NUMBER (for all retail businesses):		FEDERAL IDENTIFICATION NUMBER (or Social Security Number - Confidential):			
	TAXPAYER NAME (Owner(s), Partner(s), or Corporation name):					
	TRADE NAME / DBA - Doing Business As:					
	PHYSICAL BUSINESS ADDRESS (No PO Box):			CITY:	STATE:	ZIP:
	MAILING ADDRESS - If different than business address:			CITY:	STATE:	ZIP:
	PRIMARY BUSINESS PHONE #:	CONTACT NAME:	CONTACT PHONE NUMBER:	EMAIL ADDRESS:		

REGISTERED AGENT					
NAME:					
ADDRESS:		CITY:	STATE:	ZIP:	PHONE:
COMPLETE THE FOLLOWING FOR ALL OWNERS/OFFICERS - IF MORE THAN TWO, ATTACH A SUPPLEMENTAL FORM					
NAME:		TITLE:	DATE OF BIRTH (Confidential):	SOCIAL SECURITY NO. (Confidential):	
HOME ADDRESS (Confidential):		CITY:	STATE:	ZIP:	HOME PHONE:
NAME:		TITLE:	DATE OF BIRTH (Confidential):	SOCIAL SECURITY NO. (Confidential):	
HOME ADDRESS (Confidential):		CITY:	STATE:	ZIP:	HOME PHONE:
TYPE OF OWNERSHIP:					
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER					

General Information	IS THE BUSINESS IN A: <input type="checkbox"/> COMMERCIAL BUILDING (in Lakewood) <i>Complete page 2</i> <input type="checkbox"/> PRIVATE RESIDENCE (in Lakewood) <i>Complete page 3</i>					
	DATE BUSINESS STARTED / WILL START IN LAKEWOOD:		DO YOU RENT OR OWN YOUR BUILDING? <input type="checkbox"/> RENT <input type="checkbox"/> OWN			
	FILING FREQUENCY FOR RETAIL / SERVICE BUSINESSES: All retail business are initially assigned monthly filing status until one year of reporting history is established. Your filing frequency may then be adjusted as defined below.		Check this box if your company creates its own returns and does not need the City to provide them <input type="checkbox"/>	NATURE OF BUSINESS (Check all that apply):		
	MONTHLY - (\$300/month or more) QUARTERLY - (\$300/month or less) ANNUAL - (\$180/year or less) SEASONAL - Start Mo. _____ End Mo. _____			<input type="checkbox"/> RETAIL <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAIL ORDER <input type="checkbox"/> OFFICE ONLY	<input type="checkbox"/> WHOLESALE <input type="checkbox"/> SERVICE <input type="checkbox"/> COMMUNICATION <input type="checkbox"/> FINANCE/INSURANCE/REAL ESTATE <input type="checkbox"/> INTERNET	
	PLEASE PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF YOUR BUSINESS:					
	Do you intend to sell medical marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No Care-giver Facility License # _____					

Purchase	Former Owner's Name _____	Former Owner's License No _____	Prior to purchasing an existing business you may obtain a certificate of tax status from the Revenue Division for a nominal fee. This will ensure that you are not held liable for any outstanding taxes.
	Name of Business _____	Date of Purchase ____/____/____	
	Did the purchase price include fixed assets, machinery, or equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Value \$ _____		

Signature	I declare, under the penalty of perjury in the second degree, that this application has been examined by me (owner, officer or registered agent), that the statements made herein are made in good faith pursuant to Colorado tax laws and regulations, and to the best of my knowledge and belief, are true, correct, and complete. This application is for a City of Lakewood tax license ONLY. Additional zoning code, building code or license approvals may be necessary.		
	SIGNATURE: _____	TITLE: _____	DATE: _____

City Code Approval	CITY USE ONLY			Input date: _____			
				Input By: _____			
				Check #: _____			
				Zoning: _____			
Zoning use review Approved _____ Denied _____ Reviewer _____			LICENSE NUMBER				
Building use review Approved _____ Denied _____ Reviewer _____			<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table>				

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 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 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

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 this _____ day of _____, 20____

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.

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)