CITY OF LAKEWOOD

MANAGER'S REGISTRATION/CHANGE FORM HOTEL & RESTAURANT, TAVERN, CLUB OR ARTS LIQUOR LICENSE

Colorado Revised Statutes require Hotel & Restaurant and Tavern licenses to have a separate and distinct manager. Lakewood Municipal Code 5.40.100 requires businesses licensed to sell liquor/beer that employ a separate and distinct manager to report manager changes within 30 days of the new hire date or change. The manager must submit paperwork and fees to the City Clerk's Office and will then be referred to the Lakewood Police Department for fingerprinting, photographing and to undergo a background investigation.

Background investigations can take up to 90 days to complete. The applicant will be notified as to the results of the investigation. The Liquor Authority makes the final determination as to the approval or denial of the manager.

Items to submit:

_____ Form DR8442 Permit Application & Report of Changes

_____ Form DR8404-I Individual History Record

_____ City of Lakewood Background Investigation Report for Managers

_____ $113.50 fee to the City of Lakewood

_____ $75.00 fee to the Colorado Department of Revenue

FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY

All paperwork and fees must be submitted to the City Clerk's Office prior to fingerprinting. To schedule an appointment for fingerprinting, please call 303-987-7316 or 303-987-7355.

If you have any questions regarding manager's registration, please call the City Clerk's office at 303-987-7080.

All documents must be submitted in triplicate on 8 ½ 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

CITY OF LAKEWOOD, COLORADO
BACKGROUND INVESTIGATION REPORT FOR MANAGERS

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. Business Name: _____

2. Trade Name: _____

3. Business Address: _____
   Street Name City & State Zip Code

4. Business Phone: _____ Business Email: _____

PERSONAL INFORMATION

5. Your name: _____
   Last Name First Name Middle Initial

6. Other names used: _____

7. Home Address: _____
   Street Name City & State Zip Code

8. Home Phone: _____ Email Address: _____
   (Area Code)

9. Date of Birth: _____ 10. Place of Birth: _____

11. Sex: ❒ F ❒ M 12. Race: _____ 13. Eye Color: _____

14. Height: _____ 15. Weight: _____ 16. Hair Color: _____

17. Social Security No. _____

18. Driver's License No.: _____ 19. State Issuing Driver's License: _____

20. Has your driver's license ever been suspended or revoked? ❒ Y ❒ N

21. If yes, please explain (include date and location): _____

    _____

22. Are you a U.S. Citizen? ❒ Y ❒ N 23. Permanent Residence No.: _____

24. Alien Registration No.: _____ 25. Naturalization No.: _____

26. List all states of residence (including military):_____

_____

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

Street Address	City, State & Zip Code

28. Is your current residence owned or rented?_____

29. If rented, give name, and **complete** address of landlord:_____

_____

30. If owned, give name, and **complete** address of mortgagor:_____

_____

FAMILY HISTORY

31. Mother's full name:_____

32. Father's full name:_____

33. Spouse's full name (including maiden):_____

34. Spouse's Date of Birth:_____ 35. Spouse's Place of Birth:_____

36. Spouse's **complete** residence address, if different than yours:_____

_____

37. Spouse's Present Employer:_____

38. 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

39. Have you ever served in the military? ❒ Y ❒ N

40. If yes, what branch? _____

41. Years of Service: _____ 42. Date of Discharge: _____

43. Type of Discharge:_____ 44. Military Service No.:_____

EDUCATIONAL HISTORY

45. List all high schools and colleges attended

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

EMPLOYMENT HISTORY

46. Name of present employer:_____

47 Type of Business:_____ 48. Current Position: _____

49. Business address:_____
Street name City, State Zip Code

50. Business phone no.:_____ 51. Length of Employment:_____
(Area Code)

52. Employment for the last 10 years:

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

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

_____

REFERENCES

54. List three professional references

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

55. List three personal references

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

ADDITIONAL BACKGROUND INFORMATION

56. 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 date: _____

_____

_____

57. Have you, or 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, date, jurisdiction, and action taken: _____

_____

_____

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

_____

_____

_____

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

_____

_____

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

_____

_____

_____

I certify that the information contained in this Background Investigation Report and all attachments hereto, is true and complete. 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 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.

DO NOT NOTARIZE. LAKEWOOD CITY CLERK'S OFFICE WILL NOTARIZE AT THE TIME OF THE APPLICANT'S APPOINTMENT.

_____ _____

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