

CITY OF LAKEWOOD

INDIVIDUAL BACKGROUND INVESTIGATION PACKET

Lakewood Civic Center

Upon receipt of a properly completed application, together with all information required in connection therewith, fingerprints, photographs, and the payment of the application and license fees, the City Clerk shall transmit the application to the Lakewood Police Department for investigation of the background, character and financial responsibility of each individual applicant, the partner of a partnership, manager of a limited liability company, officer, director and holder of ten percent or more of the corporate stock of the corporate applicant or holder of ten percent or more interest in a limited liability company, and any person with a financial interest in the pawnbroker establishment.

If something does not apply, please indicate with "N/A".

ADDITIONAL DOCUMENTS REQUIRED WITH APPLICATION

- Background Investigation Report
- Pawnbroker Attachment
- Authority for Release of Information
- Lawful Presence Affidavit (Attach Copy of I.D.)
- Current Personal Financial Statement or a Balance Sheet and Income Account Statement for the preceding twelve months prior to date of application
- Three letters of character reference

FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY

To schedule an appointment, please call:

Dione Stanley @ 303-987-7314 or Sandra Doctor @ 303-987-7316

FEES REQUIRED

- \$16.50 Fingerprinting fee
- \$18.00 Money order or certified check, payable to: (Treasury of the United States)

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: 303-987-7058 TDD: 303-987-7057

CITY OF LAKEWOOD, COLORADO BACKGROUND INVESTIGATION REPORT

	GENERAL INFORMATION	
	1. Business Name:	
	2. Business Address:	
ō	3. Name:	
- Illegible and/or incomplete applications will be rejected	4. Home Address:	
be re	5. Home Phone:	6. Other Names Used:
w will	7. Date of Birth:	8. Place of birth:
tions	9. Sex: 10. Race:	11. Eye Color:
plica	12. Height: 13. Weight:	14. Hair Color:
te ap	15. Social Security No:	16. Driver's License No:
mple	17. State Issuing Driver's License:	
inco	18. Has your driver's license ever been revoked or suspe	nded? If yes, please detail:
nd/or		
ole ar		
llegik		
	CITIZENSHIP	
COMPLETED	19. U.S. Citizen? () Yes () No	20. Naturalization No:
OMP	21. Alien Registration No:	22. Permanent Residence No:
BEC	RESIDENCES	
	23. Addresses for past five years:	
N		
MATION MUST		
ORN	24. List all states of residence (including military service):	
ALL INFORM		
AL		

	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.			
27.				
28.				
EM	PLOYMENT			
29.	Name of present employer:			
30.	Type of business:			
31.	Business address:			
32.	Business telephone:	33	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 fro	om a position?	If yes, please detai	l:
FAI	MILY HISTORY			
	Mother's full name:		Date of birth:	
36.			Date of hirth:	
	Father's Full name:			
37.	Father's Full name: Maiden name of spouse of applications.			
37. 38.		nt:		
37. 38. 39.	Maiden name of spouse of applicat	nt:		
37. 38. 39. 40.	Maiden name of spouse of applicate Spouse's full name:	nt:		

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I understand I have a continuing obligation to provide updated information on questions in applications submit the City. I understand I will need to be fingerprinted and photographed. Should an answer change, or new information becomes available, I will contact the City at 303-987-7080.			submitted t new
Applicant's Signature		Date	
Subscribed and sworn to before me this	day of	, 20	
Notary Public			
My Commission Expires:			

***********	BELOW FOR POLICE USE ONLY
CRIMINALISTICS	
() Photographs	Ву:
() Fingerprints	Date:
INVESTIGATION DIVISION	***************************************
	Date Received:
Criminal History	
() Yes	() No – Criminal Record, NCIC
() Yes	() No – Criminal Record, FBI (Letter mailed)
	Ву:
() 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: Investigator	Date:
Reviewing Supervisor	Date:
*************	***************************************
RECOMMENDATION:	
() Approval	() No Recommendation () Disapproval

CITY OF LAKEWOOD, COLORADO PAWNBROKER ATTACHMENT

	GE	ENERAL INFORMATION			
	1.	Name of Individual:			
	2.	Address of Individual:			
applications will be rejected	3.	Home telephone number: Business telephone number:			
	4.	Business Name:			
	5.	Business Address:			
ations will	6.	5. Do you hold, or have you held, a direct or indirect interest in a pawnbroker license?			
mplete applica	7.	Have you, any member of your family, or any corporation, company, or partnership in which you were involved, ever has a pawnbroker license suspended, revoked, or refused? If you, give name, date, jurisdiction, and action taken:			
ED – Illegible and/or incomplete	8.	List all of your arrests, felony, misdemeanor, and traffic charges. Please list dates, charge, location, convictions, and sentences:			
FORMATION MUST BE COMPLETED	9.	List all civil court actions, including divorce and name changes, along with the names of litigants, dates, court of jurisdiction, and causes of action.			
ALL INFORMA		Signature of Applicant			



City of Lakewood

Police Department

445 South Allison Parkway Lakewood, Colorado 80226-3105

Voice: 303-205-0910 TDD: 303-987-7111 Fax: 303-205-0920

AUTHORITY FOR RELEASE OF INFORMATION

Name(Last)	(First)	(Middle)
(Last)	(1 1131)	(iviidale)
	Date of Bi	
Sex		Month/Day/Year
	, or any part thereof, concern	by authorize a review and full disclosure of ning myself, by and to ANY duly authorized the said records are of public, private or
financial or credit institution and savings accounts, an (including credit reports an other financial statements convictions for alleged or	ns, including records of depo d loans, and also the record d/or ratings); real and persona and records wherever filed;	ull and complete disclosure of the records of sits, withdrawals and balances of checking ds of commercial or retail credit agencies all property tax statements and records, and records of complaint, arrest, trial and/or luding criminal, civil and/or traffic records; me, wheresoever located.
developed directly or indire in determining my suitabilit	ctly, in whole or in part, upon y for licensing by the Lakewoo background investigation be	I history background investigation, which is this release authorization will be considered od Police Department. I understand that all come the property of the Lakewood Police
and employees, from and attorney's fees, arising out	against all claims, damages, of or by reason of complying v	om this request is presented and his agents losses and expenses, including reasonable with this request. I further understand that in confidential information will not be revealed
A photocopy of this signed	release form will be considered	d valid as an original hereof.
MUST BE SIGNED IN THE	PRESENCE OF A NOTARY:	
Affiant's Signature		
Subscribed and sworn to be	efore me this day of	
Notary Public	 Expiration	(Notary Seal)

CITY OF LAKEWOOD LAWFUL PRESENCE AFFIDAVIT

under the laws of the State of Colorado that (c	_, swear or affirm under penalty of perjury check one):
I am a United States citizen, or	
I am a Permanent Resident of th	ne United States, or
I am lawfully present in the Unite	ed States pursuant to Federal law.
I understand that this sworn statement for a public benefit or I am a sole proprietor of with the City of Lakewood, in the State of Colorme to provide proof that I am lawfully present public benefit or prior to entering into a cont acknowledge that making a false, fictitious, or this sworn affidavit is punishable under the colored degree under Colorado Revised St separate criminal offense each time a public be	orado. I understand that state law requires in the United States prior to receipt of this ract with the City of Lakewood. I further fraudulent statement or representation in riminal laws of Colorado as perjury in the atute 18-8-503 and it shall constitute a
Print Full Legal Name	Date
Signature	_
For office use only:	
Type of identification presented	
Initials of verifier	