



**CITY OF LAKEWOOD**

# **MANAGER REGISTRATION**

## **Lakewood Civic Center**

Businesses licensed to do pawnbroker business that employ a manager are required to report manager changes. Failure to comply could result in the revocation or suspension of the pawnbroker license. Manager registration information must be filed within 30 days of change or new hire date.

Within 30 days of the hire date, the manager must submit paperwork and fees to the City Clerk's Office. The manager will be referred to the police department for fingerprinting and photographing. At that time, 2 sets of fingerprints will be taken, one for Colorado Bureau of Investigations, and one for the Federal Bureau of Investigations.

### **DOCUMENTS REQUIRED WITH APPLICATION**

- Background Investigation Report
- Pawnbroker Attachment
- Three letters of character reference
- Authority for Release of Information
- Lawful Presence Affidavit

***ALL INFORMATION IS TO BE TYPED OR HAND PRINTED IN BLACK INK. THE APPLICATION MUST BE COMPLETED. IN AREAS THAT DO NOT APPLY, PLEASE INDICATE "N/A."***

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

**FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY**

**To schedule an appointment, please call:**  
Dione Stanley @ 303-987-7314 or  
Sandra Doctor @ 303-987-7316

### **FEEES REQUIRED FOR INITIAL INVESTIGATION**

- \$150.00 Manager registration fee
- \$ 16.50 Fingerprinting fee (payable to the City of Lakewood)
- \$ 18.00 Money order or certified check, payable to:  
(Treasury of the United States)

**CITY OF LAKEWOOD**

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

**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 Has your driver's license ever been revoked or suspended?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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL INFORMATION MUST BE COMPLETED – Illegible and/or incomplete applications will be rejected

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, City, State, Zip</u>	<u>Position</u>	<u>Dates</u>
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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: \_\_\_\_\_
40. Spouse's employer: \_\_\_\_\_
41. Names, addresses and places of birth of all children.

<u>Full Name</u>	<u>Address, City, State, Zip</u>	<u>Place and Date of Birth</u>
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ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

**EDUCATIONAL HISTORY**

42. Schools Attended                      Address, City, State, Zip                      Years Attended                      Degree or Diploma

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**MILITARY SERVICE**

43. Branch of military: \_\_\_\_\_

44. Years of service: \_\_\_\_\_

45. Date of discharge: \_\_\_\_\_                      Type of discharge: \_\_\_\_\_

46. Military service no: \_\_\_\_\_

**REFERENCES**

47. List **three** professional references:

Name                      Address, City, State, Zip                      Phone                      Years Known/Occupation

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48. List **three** personal references:

Name                      Address, City, State, Zip                      Phone                      Years Known/Occupation

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ALL INFORMATION MUST BE COMPLETED – Illegible and/or incomplete applications will be rejected

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 becomes 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: \_\_\_\_\_

BELOW FOR POLICE USE ONLY

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CRIMINALISTICS

( ) Photographs

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

( ) Fingerprints

Date: \_\_\_\_\_

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

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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: \_\_\_\_\_  
Investigator

Date: \_\_\_\_\_

Reviewing Supervisor \_\_\_\_\_

Date: \_\_\_\_\_

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RECOMMENDATION:

( ) Approval

( ) No Recommendation

( ) Disapproval

TO BE COMPLETED BY THE CITY OF LAKEWOOD POLICE DEPARTMENT

# CITY OF LAKEWOOD, COLORADO PAWNBROKER ATTACHMENT

ALL INFORMATION MUST BE COMPLETED – Illegible and/or incomplete applications will be rejected

## GENERAL INFORMATION

1. Name of Individual: \_\_\_\_\_
  2. Address of Individual: \_\_\_\_\_
  3. Home telephone number: \_\_\_\_\_ Business telephone number: \_\_\_\_\_
  4. Business Name: \_\_\_\_\_
  5. Business Address: \_\_\_\_\_
  6. Do you hold, or have you held, a direct or indirect interest in a pawnbroker license? \_\_\_\_\_  
If yes, include name of establishment, address, type of license, and date:  
\_\_\_\_\_  
\_\_\_\_\_
  7. Have you, any member of your family, or any corporation, company, or partnership in which you were involved, ever have a pawnbroker license suspended, revoked, or refused? If you, give name, date, jurisdiction, and action taken:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  8. List all of your arrests, felony, misdemeanor, and traffic charges. Please list dates, charge, location, convictions, and sentences:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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)

\_\_\_\_\_ 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)



**CITY OF LAKEWOOD  
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 or I am a sole proprietor entering into a contract or purchase order with the City of Lakewood, in the State of Colorado. 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 or prior to entering into a contract with the City of Lakewood. 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.

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
For office use only:

Type of identification presented – (attach copy)  
\_\_\_\_\_

Initials of verifier \_\_\_\_\_



# City of Lakewood

## Police Department

445 South Allison Parkway  
Lakewood, Colorado 80226-3105  
Voice: 303/987-7310  
TDD: 303/987-7111  
FAX: 303/987-7206

### FINGERPRINT NOTIFICATION FORM

I, \_\_\_\_\_, applicant for  
(please PRINT your name)

\_\_\_\_\_, under LPD file

\_\_\_\_\_, have been advised, pursuant to Title 28, Code of Federal  
(C file #)

Regulations, Section, 50.12, that my fingerprints will be used to check the criminal history records of local, state and Federal Bureau of Investigation files, for any information pertaining to me. I have been further advised that any information revealed may be used to determine my suitability for licensing or employment.

I understand that should I choose to challenge the accuracy of any of the information contained in the FBI criminal history record pertaining to me that the procedures for obtaining a change, correcting or updating a criminal history record are set forth in 28 CFR 16.34.

\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(witness signature)

**PRIVACY ACT STATEMENT**

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes to complete.

**Applicant Information \* Denotes Required Fields**

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_  
Middle Name 1 \_\_\_\_\_ Middle Name 2 \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Place of Birth: \_\_\_\_\_ U.S. Citizen or Legal Permanent Resident:  
Yes  No

\*Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ Prisoner Number (if applicable): \_\_\_\_\_

\*Last Four Digits of Social Security Number: \_\_\_\_\_

\*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_

**\*Hair (please check appropriate box):**

Bald  Black  Blonde/Strawberry  Blue  Brown  Gray  Green  Orange  Pink  
 Purple  Red/Auburn  Sandy  Unknown  White

**\*Eyes (please check appropriate box):**

Black  Blue  Brown  Gray  Green  Hazel  Maroon  Multicolored  Pink  Unknown

**Applicant Home Address**

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_  
\*Postal (Zip) Code \_\_\_\_\_ \*Country \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Mail Results to Address**

C/O \_\_\_\_\_ ATTN \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
Postal (Zip) Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone Number (if different from above) \_\_\_\_\_

**Payment Enclosed: (please check appropriate box)**

CERTIFIED CHECK  MONEY ORDER  CREDIT CARD FORM

**Reason for Request:**

Personal review  Challenge information on your record  Adoption of a child in the U.S.  
 International adoption  Live, work, or travel in a foreign country  Other

\* APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

**FBI CJIS Division – Summary Request  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306**

*You may request a copy of your own Criminal History Summary to review it or obtain a change, correction, or an update to the summary.*