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

FEES 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 Has your driver's license ever been revoked or suspended?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:

Business	Address	Position	Dates

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.

Full Name	Address	Place and Date of Birth

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

EDUCATIONAL HISTORY

42. Schools Attended | Address | Years Attended | Degree or Diploma

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/Phone | Years Known/Occupation

48. List three personal references:

Name | Address/Phone | Years Known/Occupation

49. Change of Manager:

Former Manager's Name, Home Address, and Date of Birth:

_____

New Manager's Name, Home Address, and Date of Birth:

_____

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: _____

TO BE COMPLETED BY THE CITY OF LAKEWOOD POLICE DEPARTMENT

BELOW FOR POLICE USE ONLY

****

CRIMINALISTICS

( ) Photographs By: _____

( ) Fingerprints Date: _____

LPD Identification No. _____

****

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: _____ Date: _____
Investigator

Reviewing Supervisor _____ Date: _____

****

RECOMMENDATION:

( ) Approval ( ) No Recommendation ( ) Disapproval

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 Seal)
Notary Public Expiration Date

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_____