CITY OF LAKEWOOD

REPORT OF CHANGES

Lakewood Civic Center

Any change of partnership or in officers, directors, or holders of ten percent or more of the stock of a corporation holding a pawnbroker's license shall result in termination of the license, unless such licensee reports within 30 days of any such change to the Lakewood City Clerk's Office.

ADDITIONAL DOCUMENTS WHICH MAY BE REQUIRED WITH THIS APPLICATION

- Lawful Presence Affidavit (provide copy of I.D.)
- Updated After Hours Emergency Contact Form
- Copies of corporate minutes or resolution approving the change.
- Copies of letters of resignations, if applicable.
- Purchase documents including agreements, contracts, loan documents, and promissory notes.
- All stock certificates issued, front and back sides, buy-out stock option if applicable, and canceled stock certificates.
- List of names, addresses, and date of birth of stockholders showing each individual's percentage of ownership and totaling 100% of stock.
- Certificate of Good Standing from Secretary of State's Office.

FEE REQUIRED: $500.00 Processing fee

APPROVAL

The Lakewood Police Department shall furnish the results of such investigation to the City Clerk, together with a recommendation with respect to the granting or denial of the license, and reasons therefore. You will be notified by the City Clerk's Office of the approval/denial of the application.

If you have any questions regarding change of corporate officer or director and any transfer of capital stock, 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

CITY OF LAKEWOOD

PAWNBROKER LICENSE - REPORT OF CHANGES

Use this form to report changes in corporate structure, partnership, trade name.

1. Applicant Name _____

   If partnership, list partner names. If corporation, list name of corporation.

2. Trade Name _____

3. License Number _____ 4. Telephone Number _____

5. Address of Licensed Premises _____

6. Mailing Address _____

7. Change of Corporate Structure (Applies to corporate licensees only). For each new officer, director, and stockholder, attach three letters of reference, a Background Investigation Report, and a copy of the corporate minutes showing the change. Also, attach a certificate of Good Corporate Standing.

Name of New Officer	Home Address	Birth Date	Name of Person Replacing	Percent of Stock
President:				
Vice President:				
Secretary:				
Treasurer:				
Director:				
Director:				
Director:				
Stockholder:				
Stockholder:				
Stockholder:				
Stockholder:				

480 South Allison Parkway/Lakewood Colorado 80226-3127, Phone: 303- 987-7080, TDD: 303-987-7057, Fax: 303- 987-7088

8. Change of Trade Name (Attach Trade Name Affidavit).

Old Trade Name: _____

New Trade Name: _____

9. Change of Partnership (Attach Partnership Agreement).

Name of New Partner, Home Address, Date of Birth, Replaces Whom, % of Ownership.

_____

OATH OF APPLICANT

I affirm that all information contained in this document and all attachments pertaining to this license are true, correct, and complete. I agree to notify the City of Lakewood of any changes relevant to this license. I further agree to conform to all applicable statutes and ordinances relative to this license.

_____	_____	_____
Signature	Title	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_____

UPDATED 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 303-987-7540. Mail or fax the completed form to the Lakewood Police Department, Special Investigations Unit, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-987-7155.

Business Name: _____

If storefront sign is different, please indicate that name here: _____

Exact Business Address (include Unit #): _____

Codes/Passwords: _____

Local Business Phone #: _____

Please circle one: Landline Cell VOIP

Type of Business: _____ 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 on-site 24 hours, hazardous materials stored on-site) _____

_____ _____ _____
Signature Print Name Date