



**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.
- Copy of Articles of Incorporation.
- 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.

**CITY OF LAKEWOOD**

**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 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:				

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

Old Trade Name:

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New Trade Name:

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9. Change of Partnership (Attach Partnership Agreement).

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

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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