



**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**

**INSTRUCTIONS/PROCEDURES FOR COMPLETING A  
REPORT OF CHANGES APPLICATION**

**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, or, a transfer of stocks shall report the change(s) within 30 days of such change to the Lakewood City Clerk's office, each individual must complete an Individual Background Investigation Packet Report, be fingerprinted and have photographs taken.**

**Applicants/stockholders must schedule an appointment to be fingerprinted with the fingerprinting department (appointment information listed on cover sheet to the Individual Background Investigation Packet), come in to the City Clerk's Office at least 1 hour prior to your fingerprinting appointment for application review and receipting of fees.**

**All managers other than an owner or stockholder, acting as a manager must file a Manager Registration packet within 30 days of hire.**

**All questions must be fully answered, if a question is not applicable, write "n/a". If the answer is none, write "none". All supporting documents must be submitted and correspond exactly with the name of the business entity. The required fees must be included with the application. Incomplete applications will not be accepted.**

**All documents must be fully executed showing required signatures and dates.**

**Once review of application is completed, you will be sent to the Police Department for your fingerprinting and photographing appointment.**

**All forms are to be TYPEWRITTEN or HANDWRITTEN IN BLACK INK  
and submitted in DUPLICATE.**

## **DOCUMENT CHECKLISTS**

### **I. PAWNBROKER LICENSE - REPORT OF CHANGES APPLICATION**

- A. Pawnbroker License – Report of Changes application**
- B. Lawful Presence Affidavit**
- C. Updated After Hours Emergency Contact Form**

### **II. REPORT OF CHANGES APPLICATION ADDITIONAL DOCUMENTS REQUIRED**

- A. Copies of corporate minutes or resolution approving the change**
- B. Copy of letters of resignations, if applicable**
- C. Purchase documents including agreements, contracts, loan documents, and promissory notes**
- D. All stock certificates issued, front and back sides, buy-out stock option if applicable, and canceled stock certificates**
- E. List of names, addresses, and date of birth of stockholders showing each individual's percentage of ownership and totaling 100% of stock**
- F. Certificate of Good Standing from Secretary of State's Office**
- G. Proof of Applicant's right to possession of premises, please provide a copy of the deed or lease**

### **III. BACKGROUND INVESTIGATION APPLICATION**

- A. Background Investigation Report**
- B. Pawnbroker Attachment**
- C. Authority for Release of Information**
- D. Lawful Presence Affidavit**

### **IV. INDIVIDUAL BACKGROUND INVESTIGATION ADDITIONAL DOCUMENTS REQUIRED**

- A. Current personal financial statement or a balance sheet and income statement for the preceding twelve months prior to date of application**
- B. Three letters of character reference**

**V. FEES**

**FEES ASSOCIATED WITH APPLICATION(S)**

Processing fee (\$500.00)	\$ _____
Fingerprinting fee (\$16.50 per stockholder holding 10% or more of issued stocks)	\$ _____
<b>Total City Fees</b>	<b>\$ _____</b>

Please make checks payable to "City of Lakewood"  
Visa/MasterCard accepted at front counter

**VI. MANAGER REGISTRATION**

- \_\_\_A. Background Investigation Report
- \_\_\_B. Pawnbroker Attachment
- \_\_\_C. Authority for Release of Information
- \_\_\_D. Lawful Presence Affidavit

**VII. MANAGER REGISTRATION  
ADDITIONAL DOCUMENT REQUIRED**

- \_\_\_A. Three letters of character reference

**VIII. MANAGER REGISTRATION FEES**

Manager registration fee (\$150.00)	\$ _____
Fingerprinting fee (\$16.50) Payable to the City of Lakewood	\$ _____

**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:				

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