



**CITY OF LAKEWOOD**

# **NEW APPLICATION OR TRANSFER OF OWNERSHIP FOR LIQUOR LICENSES**

## Lakewood Civic Center

Persons seeking a liquor license in the City of Lakewood may pick up an application packet at the City Clerk's Office, 480 S. Allison Parkway, Lakewood, CO. Application packets can also be mailed or accessed online at [www.lakewood.org](http://www.lakewood.org). Completed applications are accepted *by appointment only*. To make an appointment, contact the City Clerk's office at 303-987-7080.

### Packet Includes

- Liquor Licensing Fee Schedule
- Instructions/Procedures for Completing a Liquor or 3.2% Fermented Malt Beverage License Application
- DR 8404 Colorado Liquor Retail License Application
- Affidavit of Transfer and Statement of Compliance
- Food Service Affidavit
- Distance Requirement Affidavit
- Alcohol Awareness Seminar Schedule
- Application for Sales and Use Tax License
- Request for Certificate of Taxes Due
- Colorado Liquor Beer Code Book Order Form
- Colorado Liquor and Beer Licensee Handbook

### **TIME REQUIREMENTS**

**A NEW OR TRANSFER OF OWNERSHIP CAN TAKE UP TO 4 TO 6 MONTHS TO PROCESS**

### **BACKGROUND INVESTIGATION**

Each individual who has a controlling or financial interest in the license must undergo a personal background investigation conducted by the Lakewood Police Department.

### **APPROVAL PROCESS**

The Lakewood Liquor Licensing Authority considers applications for approval. Meetings are held in the City Council Chambers located in Civic Center South at 480 S. Allison Parkway in Lakewood, CO. Meetings begin at 2:00 p.m. on the second and fourth Thursday of each month.

### **SALES TAX LICENSES**

Must be obtained prior to the start of business. For any transfer of ownership application, all prior city sales tax must be paid before the transfer will be approved. Contact the Colorado Department of Revenue 303-534-1209 and the Lakewood Sales Tax Office 303-987-7630.

### **TEMPORARY PERMIT**

To operate under a temporary permit, an application must be submitted within 30 days of filing a Transfer of Ownership application.

If you have any questions regarding a new application or transfer of ownership for liquor licenses, please call the City Clerk's office at 303-987-7080.

**All documents must be submitted in triplicate on 8 1/2 x 11 single-sided white paper**

**City Clerk's Office - 480 S. Allison Parkway - Lakewood, CO 80226  
Phone: 303-987-7084 - Fax: 303-987-7088 - TDD: 303-987-7057**

## **INSTRUCTIONS/PROCEDURES FOR COMPLETING A LIQUOR OR 3.2% FERMENTED MALT BEVERAGE LICENSE APPLICATION**

**Anyone seeking a liquor or 3.2% fermented malt beverage license in the City of Lakewood must complete an application packet.**

**Applications are accepted by appointment only. Make an appointment with the Liquor Licensing Clerk by calling (303) 987-7084 to review the application. Allow approximately two hours for the scheduled meeting.**

**Applications will not be considered unless all questions are 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 applicant. The required fees must be included with the application (refer to fee schedule). Incomplete applications will not be accepted.**

**All documents must be fully executed showing required signature and dates. Items that are contingent upon receipt of the liquor license should include a contingency clause worded in the documents.**

**NOTE: Changes in application information (i.e. changes in financial sources, corporate structure, any action taken by a law enforcement agency or litigation connected with the application) must be provided to update the information contained in the original application.**

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

### **FINGERPRINTING AND PHOTOGRAPHING**

**Applicants will be referred to the Lakewood Police Department for fingerprinting and photographing after the application has been accepted and the fees to the State and City paid.**

**Out of state residents may satisfy the fingerprinting requirements by mail using the packets available from the City Clerk's Office.**

**DOCUMENT CHECKLIST**

**I. APPLICATION**

- A. Application form DR 8404**
- B. Affidavit stating school is not located within 500 feet of the licensed premises (n/a on transfers)**
- C. (H&R licensees only): Affidavit to certify that food sales will be a minimum of 25% of gross income**
- D. Affidavit of Transfer**
- E. Certificate of Taxes Due (Transfer Applications Only)**
- F. Evidence that the applicant meets the Jefferson County Health Dept. food service requirements (n/a for Retail Liquor and 3.2% Beer Off Premises Licenses)**
- G. Do you plan to do any construction or remodeling at this location? If so, you must contact the Lakewood Building Department before starting the construction or remodel**

**II. FEES**

**Make checks payable to the State of Colorado or to the City of Lakewood. Refer to the attached fee schedule.**

**Note: Separate and distinct managers must register with the City by completing a manager registration packet available in the City Clerk's Office.**

**CITY OF LAKEWOOD FEES**

|   |                 |
|---|-----------------|
| <b>Application Processing Fee</b>         | <b>\$ _____</b> |
| <b>License Fee</b>                        | <b>\$ _____</b> |
| <b>Occupation Fee</b>                     | <b>\$ _____</b> |
| <b>Manager Registration Fee</b>           | <b>\$ _____</b> |
| <b>Fingerprinting (\$38.50 per owner)</b> | <b>\$ _____</b> |
| <b>Temporary Permit Application</b>       | <b>\$ _____</b> |
| <b>Total City Fees</b>                    | <b>\$ _____</b> |

**COLORADO DEPARTMENT OF REVENUE FEES**

|  |                 |
|--|-----------------|
| <b>Application Processing Fee</b>                | <b>\$ _____</b> |
| <b>License Fee</b>                               | <b>\$ _____</b> |
| <b>Manager fees (H&amp;R &amp; Taverns) \$75</b> | <b>\$ _____</b> |
| <b>Total State fees</b>                          | <b>\$ _____</b> |



## **VII. LIMITED LIABILITY COMPANY**

- A. Articles of Organization (acknowledged by Secretary of State's Office)**
- C. Copy of operating agreement**
- D. Certificate of Authority (if foreign company)**
- E. Minutes of meetings reflecting acceptance of new members**
- F. Certificate of Good Standing**

## **VIII. PARTNERSHIP DOCUMENT**

- A. Partnership agreement (general or limited) Not needed if husband and wife**
- C. Certificate of partnership**





LEARN TO USE YOUR I.D.  
CHECKING GUIDE

\$20.00 each in the CITY  
CLERK'S OFFICE

IT CONTAINS  
INFORMATION ON:

U. S. DRIVER LICENSES  
and STATE ID CARDS

CANADA DRIVER LICENSES

U. S. & CANADIAN  
TERRITORIES

U. S. IMMIGRATIONS  
U. S. MILITARY

CREDIT CARDS  
LICENSE PLATES

New section added on  
UV Codes (page 70)







CITY OF LAKEWOOD

# TEMPORARY PERMIT FOR A LIQUOR-LICENSED BUSINESS

## Lakewood Civic Center

A prospective liquor licensee who is applying for a transfer of ownership and wants to operate the business while the application is in process may apply for a temporary permit. The following procedures apply:

- 1) The applicant must submit **three** copies of the temporary permit application to the City Clerk's Office.
- 2) The application for a temporary permit must be submitted to the City Clerk's Office no later than 30 days after the filing of the application for transfer of ownership (12-47-303(l)(c)).
- 3) The application for a temporary permit cannot be submitted prior to filing the application for transfer of ownership.
- 4) The nonrefundable permit fee of \$100.00 must be submitted at the time of application.

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No one may operate a liquor-licensed establishment under a temporary permit until the following conditions have been met:

- 1) Provisional approval by the City Attorney of the application for transfer of ownership.
- 2) Provisional approval by the Lakewood Police Department of each Background Investigation Report.

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A temporary permit, if granted by a local licensing authority shall be issued within 5 working days after the receipt of such application. A temporary permit shall be valid until such time as the application to transfer ownership of the license to the applicant is granted or denied or for 120 days, whichever comes first (12-47-303(4)).

If you have any questions regarding a special event permit, please call the City Clerk's office at 303-987-7080.

## 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

# TEMPORARY LIQUOR PERMIT APPLICATION

NAME OF APPLICANT

---

ADDRESS OF APPLICANT

---

TRADE NAME OF BUSINESS

---

ADDRESS OF BUSINESS

---

CITY STATE ZIP CODE

---

NAME OF PRESENT LICENSEE \_\_\_\_\_

TRANSFER OF OWNERSHIP APPLICATION RECEIVED COMPLETE (date) \_\_\_\_\_

PERMIT FEE: \$100 (nonrefundable)

***The City of Lakewood retains discretionary authority  
to issue a temporary permit.***

## Lakewood City Clerk's Office

480 South Allison Parkway, Lakewood, CO 80226-3127 (303) 987-7080

**\*\*Alternative formats of this document are available upon request.\*\***

**DISTANCE REQUIREMENT  
AFFIDAVIT**

State of \_\_\_\_\_ )

)

County of \_\_\_\_\_ )

I, \_\_\_\_\_

do hereby state and affirm that there are no public or parochial schools, or principal campus of any college, university or seminary within 500 feet of:

\_\_\_\_\_ located at

\_\_\_\_\_.

\_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_.

**FOOD SERVICE  
AFFIDAVIT**

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

I, \_\_\_\_\_  
do hereby state and affirm that not less than twenty-five percent of the  
gross income of the business \_\_\_\_\_  
located at \_\_\_\_\_  
will be derived from meals that are actually and regularly served at that  
location.

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

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_.



**CITY OF LAKEWOOD**

# **INDIVIDUAL'S BACKGROUND INVESTIGATION PACKET**

## Lakewood Civic Center

As part of the liquor or beer license application, Colorado Revised Statutes and the Lakewood Municipal Code requires each individual who is a sole proprietor, partner, corporate officer, director, or stockholder to give personal history information that will be used to conduct a background investigation.

Included are the following forms:

- Background Investigation Report
- Release of Information
- Individual History Record (DR 8404-I)
- Lawful Presence Affidavit

**ALL INFORMATION MUST BE TYPEWRITTEN OR HAND  
PRINTED IN BLACK INK**

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

When the complete liquor or beer license application is received in the City Clerk's Office, individuals will be referred to the Lakewood Police Department for fingerprinting.

### **FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY**

All paperwork must be submitted to the City Clerk's Office prior to scheduling an appointment for fingerprinting.

Out-of-state residents may handle fingerprint/photograph requirements by mail using special packets available from the City Clerk's Office.

If you have any questions regarding this packet, 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, COLORADO BACKGROUND INVESTIGATION REPORT FOR LIQUOR APPLICATIONS

This document provides basic information that is necessary for the licensing authorities' investigation. **ALL** questions must be answered in their entirety. Every answer you give will be checked for its truthfulness. **A falsehood, or omission of facts, constitutes evidence regarding the character of the applicant and may result in denial of the application.**

1. Name of applicant: \_\_\_\_\_

2 Applicant is a:       Limited Liability Company       Corporation  
                                   Partnership     Sole Proprietorship

3. List all officers, directors (corporation), managing members (LLC), or partners

| Position Held | Names of all Directors, Officers, Managing Members, or partners | Complete Home Address<br>(Street name, City, State, and Zip Code) | DOB |
|---------------|---|---|-----|
|               |   |   |     |
|               |   |   |     |
|               |   |   |     |
|               |   |   |     |
|               |   |   |     |
|               |   |   |     |
|               |   |   |     |

4. Trade Name: \_\_\_\_\_

5. Business address: \_\_\_\_\_  
Street name    City & State    Zip Code

6. Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

7. Does an attorney represent you? If yes, provide name, address, and phone no.  
 \_\_\_\_\_  
 \_\_\_\_\_

8. List any other persons who have a direct or indirect financial interest in this business.

| Name | Complete Address<br>(street name, city, state, and zip) | Percentage |
|------|---|------------|
|      |   |            |
|      |   |            |
|      |   |            |
|      |   |            |
|      |   |            |

**PERSONAL INFORMATION**

9. Your name: \_\_\_\_\_  
Last Name First Name Middle Initial

10. Other names used: \_\_\_\_\_

11. Home Address: \_\_\_\_\_  
Street Name City & State Zip Code

12. Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(Area Code)

13. Date of Birth: \_\_\_\_\_ 14. Place of Birth: \_\_\_\_\_

15. Sex:  F  M 16. Race: \_\_\_\_\_ 17. Eye Color: \_\_\_\_\_

18. Height: \_\_\_\_\_ 19. Weight: \_\_\_\_\_ 20. Hair Color: \_\_\_\_\_

21. Social Security No. \_\_\_\_\_

22. Driver's License No.: \_\_\_\_\_ 23. State Issuing Driver's License: \_\_\_\_\_

24. Has your driver's license **ever been** suspended or revoked?  Y  N

25. If yes, please explain (include date and location): \_\_\_\_\_

26. **Is** your driver's license suspended, revoked, canceled or denied now?  Y  N

27. If yes, please explain (include date and location) \_\_\_\_\_

28. Are you a U.S. Citizen?  Y  N 29. Permanent Residence No.: \_\_\_\_\_

30. Alien Registration No.: \_\_\_\_\_ 31. Naturalization No.: \_\_\_\_\_

32. List all states of residence (including military): \_\_\_\_\_  
\_\_\_\_\_

33. List addresses for the past five years (attach separate page if necessary)

| Street Address | City, State & Zip Code |
|----------------|------------------------|
|                |                        |
|                |                        |
|                |                        |
|                |                        |

34. Is your current residence owned or rented? \_\_\_\_\_

35. If rented, give name, and **complete** address of landlord: \_\_\_\_\_  
\_\_\_\_\_

36. If owned, give name, and **complete** address of mortgagor: \_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

37. Mother's full name: \_\_\_\_\_

38. Father's full name: \_\_\_\_\_

39. Spouse's full name (including maiden): \_\_\_\_\_

40. Spouse's Date of Birth: \_\_\_\_\_ 41. Spouse's Place of Birth: \_\_\_\_\_

42. Spouse's **complete** residence address, if different than yours: \_\_\_\_\_  
\_\_\_\_\_

43. Spouse's Present Employer: \_\_\_\_\_



44. List the name, address, date and place of birth of all children

| Name | Complete Home Address<br>Include street name, city, state and zip | Birthplace<br>City and State or Country | DOB |
|------|---|---|-----|
|      |   |   |     |
|      |   |   |     |
|      |   |   |     |
|      |   |   |     |

45. Have you ever served in the military?  Y  N

46. If yes, what branch? \_\_\_\_\_

47. Years of Service: \_\_\_\_\_ 48. Date of Discharge: \_\_\_\_\_

49. Type of Discharge: \_\_\_\_\_ 50. Military Service No.: \_\_\_\_\_

**EDUCATIONAL HISTORY**

51. List all high schools and colleges attended

| School Attended<br>(High School and/or College) | Address (include city & state) | Years Attended |
|---|--------------------------------|----------------|
|   |                                |                |
|   |                                |                |
|   |                                |                |

**EMPLOYMENT HISTORY**

52. Name of present employer: \_\_\_\_\_

53. Type of Business: \_\_\_\_\_ 54. Current Position: \_\_\_\_\_

55. Business address: \_\_\_\_\_  
Street name City, State Zip Code

56. Business phone no.: \_\_\_\_\_ 57. Length of Employment: \_\_\_\_\_  
(Area Code)

58. Employment for the last 10 years:

| Company Name | Complete Address<br>Include street name, city, state and zip | Position Held | To/From |
|--------------|--|---------------|---------|
|              |  |               |         |
|              |  |               |         |
|              |  |               |         |
|              |  |               |         |

59. Have you ever been discharged from a position?  Y  N If yes, please explain: \_\_\_\_\_

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**FINANCIAL INFORMATION**

60. List all personal bank accounts of applicant and spouse

| Bank | Address<br>(street name, city, state & zip) | Type of Account | Account Number |
|------|---|-----------------|----------------|
|      |   |                 |                |
|      |   |                 |                |
|      |   |                 |                |
|      |   |                 |                |

61. List all personal outstanding loans and credit cards (attach a separate page if necessary).

| Lender | Address<br>(street name, city, state & zip) | Type of Loan | Account Number |
|--------|---|--------------|----------------|
|        |   |              |                |
|        |   |              |                |
|        |   |              |                |
|        |   |              |                |

62. Cash to be invested

| Source | Address<br>(street name, city, state & zip) | Amount | Account No. |
|--------|---|--------|-------------|
|        |   |        |             |
|        |   |        |             |
|        |   |        |             |
|        |   |        |             |

63. Complete the following on all business loans obtained (Attach copies of loan agreements).

| Source | Address<br>(street name, city, state & zip) | Amount | Collateral |
|--------|---|--------|------------|
|        |   |        |            |
|        |   |        |            |
|        |   |        |            |
|        |   |        |            |

64. Complete the following on all business accounts.

| Bank | Bank Address<br>(street name, city, state & zip) | Account Number | Authorized Signatories |
|------|--|----------------|------------------------|
|      |  |                |                        |
|      |  |                |                        |
|      |  |                |                        |
|      |  |                |                        |

65. State purchase price of business \_\_\_\_\_

**PROPERTY INFORMATION**

66. Is the building owned or leased?  owned  Leased

67. Name and **complete** address of building owner \_\_\_\_\_  
name

\_\_\_\_\_ street address \_\_\_\_\_ city & state \_\_\_\_\_ zip code

68. Is the land owned or leased?  owned  Leased

69. Name and **complete** address of land owner \_\_\_\_\_  
name  
\_\_\_\_\_  
street address city & state zip code

**REFERENCES**

70. List three professional references

| Name | Complete Address<br>Include street name, city, state and zip | Occupation | Telephone number |
|------|--|------------|------------------|
|      |  |            |                  |
|      |  |            |                  |
|      |  |            |                  |

71. List three personal references

| Name | Complete Address<br>Include street name, city, state and zip | Occupation | Telephone number |
|------|--|------------|------------------|
|      |  |            |                  |
|      |  |            |                  |
|      |  |            |                  |

**ADDITIONAL BACKGROUND INFORMATION**

72. Do you hold, or have you ever held, a direct or indirect interest in a liquor or beer license?  Y  N  
If yes, include name of establishment, complete address, type of license and dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

73. Have you, any member of your family, or any corporation, company, or partnership in which you were involved ever had a liquor license suspended, revoked, or refused?  Y  N  
If yes, give name, dates, jurisdiction, and action taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

74. List all of your arrests (include date, charge, location, conviction, sentence and disposition):

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75. List all civil court actions (include divorce, name changes) along with the names of litigants, dates, court of jurisdiction and cause of action: \_\_\_\_\_

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76. List all of your traffic charges (include date, location, charge, conviction, sentence, and disposition):

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City Clerk's Office – Referral to Police Department – Date \_\_\_\_\_

\*\*\*\*\*

**Criminalistics:**

( ) Photographs By: \_\_\_\_\_

( ) Fingerprints Date: \_\_\_\_\_

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

\*\*\*\*\*

**Investigation Division:** Date Received: \_\_\_\_\_

**Criminal History**

- ( ) Yes ( ) No – Criminal Record, NCIC
- ( ) Yes ( ) No – Criminal Record, CCIC
- ( ) Yes ( ) No – Criminal Record, Lakewood Police Department
- ( ) Yes ( ) No – Criminal Record, Jeffco Sheriff's Office
- ( ) Yes ( ) No – Criminal Record, \_\_\_\_\_
- ( ) Yes ( ) No – Criminal Record, \_\_\_\_\_

Background Summary: \_\_\_\_\_

\_\_\_\_\_

Memorandum Completed: ( ) Yes ( ) No

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Investigator

\_\_\_\_\_ Date: \_\_\_\_\_  
Reviewing Supervisor

\*\*\*\*\*

**Recommendation:**

- ( ) Approval ( ) No Recommendation ( ) Disapproval

\_\_\_\_\_ Date: \_\_\_\_\_  
Investigation Division



## AFFIDAVIT - RESTRICTIONS ON PUBLIC BENEFITS

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.
- I am not a United States citizen but I am a Permanent Resident of the United States.
- I am not a United States citizen but I am lawfully present in the United States pursuant to Federal law.
- I am a foreign national not physically present in the United States.

I understand that this sworn statement is required by law because I have applied for a public benefit. 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. 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.

Signature

Date







**CITY OF LAKEWOOD REVENUE DIVISION  
480 S. ALLISON PARKWAY  
LAKEWOOD, CO 80226  
303-987-7630**

**REQUEST FOR CERTIFICATE OF TAXES DUE**

**Current Legal Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**D. B. A.:** \_\_\_\_\_

**Current City of Lakewood Sales Tax License #:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**TO BE COMPLETED BY PERSON REQUESTING INFORMATION**

I hereby certify and represent that I am the \_\_\_\_\_ of the above named business and am an authorized person under 38-25.5-101(1) C.R.S., and thereby enabled to request this tax information.

\*Note: If Sales, Use, or Accommodations tax information is requested, this form must be signed by an **OWNER OF THE BUSINESS** before we can release information to the buyer. Any taxes being paid during the process of an application for a liquor license application must be by certified funds.

**Transferor Information:** Mailing Address: \_\_\_\_\_  
**(Seller)** Home Address of Principal Officer: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Printed Name and Title: \_\_\_\_\_  
 FEIN/SSN: \_\_\_\_\_

**Transferee Information:** Mailing Address: \_\_\_\_\_  
**(Buyer)** Home Address of Principal Officer: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Printed Name and Title: \_\_\_\_\_  
 FEIN/SSN: \_\_\_\_\_

**Closing Information:** Attorney for Transferor: \_\_\_\_\_  
 Attorney Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney for Transferee: \_\_\_\_\_  
 Attorney Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Closing Date: \_\_\_\_\_  
 Agreed Purchase Price on Personal Property: \_\_\_\_\_

City of Lakewood Sales/Use Tax Licenses are non-transferable. The Seller must file and pay all outstanding tax returns within (10) ten days of termination. The Buyer must remit Use Tax on the purchase of tangible personal property within (10) ten days of closing.

This form must be filled out completely for your request to be processed. Under normal circumstances your Certificate of Taxes Due will be ready within (2) two to (5) five business days. Please note that there is a \$10.00 processing fee for each specifically identified tax.

**Fees Paid:** \_\_\_\_\_ **Date of Payment:** \_\_\_\_\_ **Payment Type:** \_\_\_\_\_  
 Sales  Check \_\_\_\_\_  
 Use  Cash \_\_\_\_\_  
 Accommodations



## 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 303-987-7111. Mail or fax the completed form to the Lakewood Police Department Communications Center, 445 S. Allison Pkwy, Lakewood, CO 80226. Fax: 303-763-6828.

Business Name \_\_\_\_\_

If Storefront sign is different, please indicate that name here \_\_\_\_\_

Exact Business Address (please include Unit #) \_\_\_\_\_

Gate Code (apts, storage facilities etc) \_\_\_\_\_

Is this business operating out of your home?    Yes                      No \_\_\_\_\_

Local Business Phone # \_\_\_\_\_

Please circle one:            Landline                      Cell                      VOIP

Type of Business (bank, tavern, etc) \_\_\_\_\_ 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 onsite 24 hrs, hazardous materials stored on site) \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_