CITY OF LAKEWOOD

MANAGER’S REGISTRATION FOR HOTEL & RESTAURANT, TAVERN, ARTS & ENTERTAINMENT, CLUB OR ARTS LIQUOR LICENSE

Colorado Revised Statutes require Hotel & Restaurant and Tavern licenses to have a separate and distinct manager. Lakewood Municipal Code 5.40.100 requires businesses licensed to sell liquor/beer that employ a separate and distinct manager to report manager changes within 30 days of the new hire date or change. The manager must submit paperwork and fees to the City Clerk’s Office and will then be referred to the Lakewood Police Department for fingerprinting, photographing and to undergo a background investigation.

Background investigations can take up to 90 days to complete. The applicant will be notified as to the results of the investigation. The Liquor Authority makes the final determination as to the approval or denial of the manager.

Items to submit:

_____ Form DR8442 Permit Application & Report of Changes
_____ Form DR8404-I Individual History Record
_____ City of Lakewood Background Investigation Report for Managers
_____ $113.50 fee to the City of Lakewood
_____ $75.00 fee to the Colorado Department of Revenue

FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY

All paperwork and fees must be submitted to the City Clerk’s Office prior to fingerprinting. To schedule an appointment for fingerprinting, please call 303-987-7317 or 303-987-7316.

If you have any questions regarding manager’s registration, please call the City Clerk’s office at 303-987-7080.

All documents must be submitted in triplicate on 8 ½ x 11 single-sided white paper
CITY OF LAKEWOOD, COLORADO
BACKGROUND INVESTIGATION REPORT FOR MANAGERS

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. Business Name: ________________________________

2. Trade Name: ________________________________

3. Business Address:

   Street Name ________________________________
   City & State ________________________________
   Zip Code ________________________________

4. Business Phone: ________________ Business Email: ________________________________

PERSONAL INFORMATION

5. Your name: ________________________________

   Last Name ________________________________
   First Name ________________________________
   Middle Initial ________________________________

6. Other names used: ________________________________

7. Home Address:

   Street Name ________________________________
   City & State ________________________________
   Zip Code ________________________________

8. Home Phone: ________________ Email Address: ________________________________

   (Area Code)

9. Date of Birth: ________________ 10. Place of Birth: ________________________________


13. Eye Color: ________________________________


17. Social Security No. ________________________________

18. Driver’s License No.: ________________________________ 19. State Issuing Driver’s License: ______

20. Has your driver’s license ever been suspended or revoked? ☐ Y ☐ N

21. If yes, please explain (include date and location): ________________________________

22. Are you a U.S. Citizen? ☐ Y ☐ N 23. Permanent Residence No.: ________________________________

24. Alien Registration No.: ________________________________ 25. Naturalization No.: ________________________________
26. List all states of residence (including military):

____________________________________________________________________

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City, State &amp; Zip Code</th>
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28. Is your current residence owned or rented?___________

29. If rented, give name, and **complete** address of landlord:

____________________________________________________________________

30. If owned, give name, and **complete** address of mortgagor:

____________________________________________________________________

**FAMILY HISTORY**

31. Mother’s full name:_____________________________________

32. Father’s full name:_____________________________________

33. Spouse’s full name (including maiden):_____________________

34. Spouse’s Date of Birth:_________ 35. Spouse’s Place of Birth:_____________________

36. Spouse’s **complete** residence address, if different than yours:_____________________

37. Spouse’s Present Employer:_________________________________
38. List the name, address, date and place of birth of all children

<table>
<thead>
<tr>
<th>Name</th>
<th>Complete Home Address</th>
<th>Birthplace</th>
<th>DOB</th>
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<td>Include street name, city, state and zip</td>
<td>City and State or Country</td>
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39. Have you ever served in the military? □ Y □ N

40. If yes, what branch? __________________________

41. Years of Service: ________ 42. Date of Discharge: ______________

43. Type of Discharge: ________________ 44. Military Service No.: ________________

**EDUCATIONAL HISTORY**

45. List all high schools and colleges attended

<table>
<thead>
<tr>
<th>School Attended (High School and/or College)</th>
<th>Address (include city &amp; state)</th>
<th>Years Attended</th>
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**EMPLOYMENT HISTORY**

46. Name of present employer: ______________________________________

47. Type of Business: ________________ 48. Current Position: ________________

49. Business address: 
   Street name City, State Zip Code

50. Business phone no.: ________________ 51. Length of Employment: ___________
52. Employment for the last 10 years:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Complete Address Include street name, city, state and zip</th>
<th>Position Held</th>
<th>From/To</th>
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53. Have you ever been discharged from a position? ☐ Y ☐ N If yes, please explain: ________________________________

REFERENCES

54. List three professional references

<table>
<thead>
<tr>
<th>Name</th>
<th>Complete Address Include street name, city, state and zip</th>
<th>Occupation</th>
<th>Telephone number</th>
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55. List three personal references

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<th>Name</th>
<th>Complete Address Include street name, city, state and zip</th>
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ADDITIONAL BACKGROUND INFORMATION

56. 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 date:

   ________________________________________________________________

   ________________________________________________________________

57. Have you, or 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, date, jurisdiction, and action taken:

   ________________________________________________________________

   ________________________________________________________________

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

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________

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

   ________________________________________________________________

   ________________________________________________________________

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

   ________________________________________________________________

   ________________________________________________________________

   ________________________________________________________________
I certify that the information contained in this Background Investigation Report and all attachments hereto, is true and complete. 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 that I have a continuing obligation to provide updated information on questions in applications submitted to the City. I further understand that I will need to be fingerprinted and photographed. Should an answer change, or new information become available, I will contact the City at 303-987-7080.

Applicant’s Signature ___________________________ Date ___________________________

Subscribed and sworn to before me in the county of ___________________________, State of Colorado, this ________ day of ___________________________, 20______ by _________________________________________________.

Notary Public ___________________________________________

My Commission Expires: ___________________________
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