

CITY OF LAKEWOOD, COLORADO
REPORT OF CHANGES TO A NON-ALCOHOLIC DANCE CLUB LICENSE

Any change in the partners of a partnership, officers, or directors of a corporation, manager of a limited liability company must be reported to the Lakewood City Clerk's Office within 30 days of such change. Any such change shall be reported on forms provided by the City Clerk.

In the event a licensee changes the manager of a non-alcoholic dance club, the licensee shall immediately report such change and register the new manager within 10 days.

This packet includes:

! Report of Changes Application

Fees:

- ! \$75.00 Manager's Registration Fee
- ! \$38.50 Fingerprinting Fee
- ! \$500.00 Application Fee

FINGERPRINTING - CITY OF LAKEWOOD POLICE DEPARTMENT

When completed applications are received in the City Clerk's Office, each new individual is referred to the Lakewood Police Department for fingerprinting.

Tuesday, 8:00 a.m. to 9:30 a.m.
Wednesday, 11:30 a.m. to 1:00 p.m.

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 Non-Alcoholic Dance Club Licenses, please call the City Clerk's Office at 303-987-7080.

Lakewood City Clerk's Office

480 South Allison Parkway, Lakewood, CO 80227-3127 (303) 987-7080

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

**CITY OF LAKEWOOD
NON-ALCOHOLIC DANCE CLUB LICENSE
Report of Changes**

Use this form to report changes in corporate structure, partnerships, limited liability membership, trade name, and managers. **ALL** questions must be answered in their entirety.

1. Name of applicant: _____
2. Applicant is a: ☐ Limited Liability Company ☐ Corporation
☐ Partnership ☐ Sole Proprietorship
3. Trade Name: _____
4. Business address: _____
Street Name City & State Zip Code
5. Mailing address: _____
Street Name City & State Zip Code
6. Business Phone: _____

TO REPORT CHANGES IN PARTNERSHIPS, CORPORATE STRUCTURE, AND LIMITED LIABILITY COMPANIES, COMPLETE QUESTION 7.

7. List all officers, directors (corporation), managing members (LLC), or partners (attach a current Certificate of Good Standing)

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

TO REPORT TRADE OR CORPORATE NAME, COMPLETE QUESTION 8.

8. Change of Trade Name of Corporation Name
☐ Trade/dba Name Change only
☐ Corporate Name Change (Attach a Certificate of Amendment from Colorado Secretary of State)

Old Name	New Name
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TO REGISTER A MANAGER OR REPORT A MANAGER CHANGE, COMPLETE QUESTION 9.

9 (a) Former manager's name _____

(b) New Manager's name _____

******Attach a Background Investigation Report for Managers)

I certify that all of the information contained in this document and all attachments hereto is true and complete. I understand that any misrepresentation, falsification, or omission may result in the suspension/revocation of the license.

I understand that there is a continuing obligation to provide updated information to the City. Should an answer change, or new information becomes available, the City must be contacted at 303-987-7080.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

**CITY OF LAKEWOOD, COLORADO
BACKGROUND INVESTIGATION REPORT
FOR INDIVIDUALS INVOLVED WITH A
NON-ALCOHOLIC DANCE CLUB**

This document provides basic information that is necessary for the licensing authority's 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. Trade Name: _____
3. Business address: _____
Street name City & State Zip Code
4. Business Phone: _____

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: _____
(Area Code)
9. Date of Birth: _____ 10. Social Security No. _____
11. Driver's License No.: _____ 12. State Issuing Driver's License: _____

EMPLOYMENT HISTORY

13. Have you ever operated or been employed at a non-alcoholic dance club?
☐ Y ☐ N

If yes, give business name, business address, and date of operation/employment.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)	Date

14. Have you been a partner in a partnership, an officer in a corporation, or manager of a limited liability company, in a licensed or non-licensed non-alcoholic dance club?

☐ Y ☐ N

If yes, give business name, business address, and date of operation.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)	Date

15. Have you previously had a licensed or non-licensed non-alcoholic dance club license suspended, revoked, or declared a public nuisance? ☐ Y ☐ N

If yes, complete the following table below.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)	Nature of Action	Date

16. Have you been a partner in a partnership, an officer of a corporation, or manager of a limited liability company of a licensed or non-licensed non-alcoholic dance club whose operations have previously been denied, suspended, revoked, or declared a public nuisance? ☐ Y ☐ N

If yes, complete the following table below.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)	Nature of Action	Date

17. List all non-alcoholic dance club businesses for which you currently have a license.

Business Name	Complete Business Address (Street name, City, State, and Zip Code)

ADDITIONAL BACKGROUND INFORMATION

18. Have you ever been arrested and/or convicted of a specified criminal act, as stated in the ordinance?
☐ Y ☐ N

If yes, complete the table below.

Offense	Location	Dates of Conviction

19. Are you required to register as a sex offender?
☐ Y ☐ N

I certify that the information contained in this Background Investigation Report and all attachments hereto is true and complete. I understand that any misrepresentation, falsification, or omission may result in the rejection of this application or suspension/revocation of the license.

I understand that I have a continuing obligation to provide updated information to the City. I further understand that I will need to be fingerprinted and photographed. Should an answer change, or new information becomes available, I will contact the City at 303-987-7080.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

City Clerk's Office – Referral to Police Department – Date _____

BELOW FOR POLICE USE ONLY

Criminalistics:

() Photographs By: _____

() Fingerprints Date: _____

LPD Identification No.: _____

Investigation Division: Date Requested: _____

Criminal History

() Yes () No – Criminal Record, NCIC
() Yes () No – Criminal Record, FBI (Letter mailed)
By: _____

() Yes () No – Criminal Record, Lakewood Police Dept.
() Yes () No – Criminal Record, Jeffco Sheriff's Dept.
() Yes () No – Criminal Record, CBI (CCIC)
() Yes () No – Criminal Record, _____
() Yes () No – Criminal Record, _____

Background Summary: _____

Memorandum Completed: () Yes () No

By: _____ Date: _____
Investigator

Reviewing Supervisor: _____ Date: _____

Recommendation:

() Approval () No Recommendation () Denial

Intelligence Division: _____

City of Lakewood

Police Department

445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303-987-7540
TDD: 303-987-7111
Fax: 303-987-7155

AUTHORITY FOR RELEASE OF INFORMATION

Name _____
(Last) (First) (Middle)

Sex _____ Date of Birth _____
Month/Day/Year

I, _____ do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Lakewood Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; records of complaint of a civil nature made by or against me, wheresoever located.

I understand that all information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for licensing by the Lakewood Police Department. I understand that all materials pertaining to this background investigation become the property of the Lakewood Police Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is not approved, the sources of confidential information will not be revealed to me.

A photocopy of this signed release form will be considered valid as an original hereof.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Affiant's Signature

Subscribed and sworn to before me this ____ day of _____, ____.

Notary Public

Expiration Date

(Notary Seal)