



CITY OF LAKEWOOD

MANAGER REGISTRATION

Lakewood Civic Center

Businesses licensed to do pawnbroker business that employ a manager are required to report manager changes. Failure to comply could result in the revocation or suspension of the pawnbroker license. Manager registration information must be filed within 30 days of change or new hire date.

Within 30 days of the hire date, the manager must submit paperwork and fees to the City Clerk's Office. The manager will be referred to the police department for fingerprinting and photographing. At that time, 2 sets of fingerprints will be taken, one for Colorado Bureau of Investigations, and one for the Federal Bureau of Investigations.

DOCUMENTS REQUIRED WITH APPLICATION

- Background Investigation Report
- Pawnbroker Attachment
- Three letters of character reference
- Authority for Release of Information
- Lawful Presence Affidavit

ALL INFORMATION IS TO BE TYPED OR HAND PRINTED IN BLACK INK. THE APPLICATION MUST BE COMPLETED. IN AREAS THAT DO NOT APPLY, PLEASE INDICATE "N/A".

PLEASE SUBMIT FORMS AND SUPPORTING DOCUMENTS IN DUPLICATE

FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY

To schedule an appointment, please call:

Sandra Dockter @ 303-987-7316

or

Andria Ryan @ 303-987-7317

FEEES REQUIRED FOR INITIAL INVESTIGATION

- \$150.00 Manager registration fee
- \$ 16.50 Fingerprinting fee (payable to the City of Lakewood)

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**

**CITY OF LAKEWOOD, COLORADO
BACKGROUND INVESTIGATION REPORT**

GENERAL INFORMATION

- 1. Business Name: _____
- 2. Business Address: _____
- 3. Name: _____
- 4. Home Address: _____
- 5. Home Phone: _____ 6. Other Names Used: _____
- 7. Date of Birth: _____ 8. Place of birth: _____
- 9. Sex: _____ 10. Race: _____ 11. Eye Color: _____
- 12. Height: _____ 13. Weight: _____ 14. Hair Color: _____
- 15. Social Security No: _____ 16. Driver's License No: _____
- 17. State Issuing Driver's License: _____
- 18. Has your driver's license ever been revoked or suspended? _____ If yes, please detail: _____

CITIZENSHIP

- 19. U.S. Citizen? () Yes () No 20. Naturalization No: _____
- 21. Alien Registration No: _____ 22. Permanent Residence No: _____

RESIDENCES

- 23. Addresses for past **five** years: _____

- 24. List all states of residence (including military service): _____

ALL INFORMATION MUST BE COMPLETED - Illegible and/or incomplete applications will be rejected

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25. Is your current residence owned or rented? _____

26. If rented, name and address of landlord: _____

27. Name and address of mortgagor, if any: _____

28. List addresses of all real property owned by you or your spouse, percentage of ownership, current market value, and annual taxation.

EMPLOYMENT

29. Name of present employer: _____

30. Type of business: _____

31. Business address: _____

32. Business telephone: _____ 33. Length of employment: _____

34. Employment for last **ten** years:

<u>Business</u>	<u>Address, City, State, Zip</u>	<u>Position</u>	<u>Dates</u>
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35. Have you ever been discharged from a position? _____ If yes, please detail: _____

FAMILY HISTORY

36. Mother's full name: _____ Date of birth: _____

37. Father's Full name: _____ Date of birth: _____

38. Maiden name of spouse of applicant: _____

39. Spouse's full name: _____

40. Spouse's employer: _____

41. Names, addresses and places of birth of all children.

<u>Full Name</u>	<u>Address, City, State, Zip</u>	<u>Place and Date of Birth</u>
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EDUCATIONAL HISTORY

42. Schools Attended Address, City, State, Zip Years Attended Degree or Diploma

MILITARY SERVICE

43. Branch of military: _____

44. Years of service: _____

45. Date of discharge: _____ Type of discharge: _____

46. Military service no: _____

REFERENCES

47. List **three** professional references:

Name Address, City, State, Zip Phone Years Known/Occupation

48. List **three** personal references:

Name Address, City, State, Zip Phone Years Known/Occupation

49. Change of Manager:

New Manager's Name, Home Address, City, State, Zip, and Date of Birth:

Office Use only:

Former Manager's Name, Home Address, City, State, Zip, and Date of Birth:

I certify the information contained in the Background Investigation Report, and all attachments hereto, is true and complete, and 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 I have a continuing obligation to provide updated information on questions in applications submitted to the City. I understand 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: _____

BELOW FOR POLICE USE ONLY

CRIMINALISTICS

() Photographs By: _____

() Fingerprints Date: _____

LPD Identification No. _____

INVESTIGATION DIVISION

Date Received: _____

Criminal History

() Yes () No – Criminal Record, NCIC

() Yes () No – Criminal Record, FBI (Letter mailed)

By: _____

() Yes () No – Criminal Record, Lakewood Police Department

() Yes () No – Criminal Record, Jeffco Sheriff's Department

() 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 () Disapproval

TO BE COMPLETED BY THE CITY OF LAKEWOOD POLICE DEPARTMENT

CITY OF LAKEWOOD, COLORADO PAWNBROKER ATTACHMENT

ALL INFORMATION MUST BE COMPLETED – Illegible and/or incomplete applications will be rejected

GENERAL INFORMATION

1. Name of Individual: _____
 2. Address of Individual: _____
 3. Home telephone number: _____ Business telephone number: _____
 4. Business Name: _____
 5. Business Address: _____
 6. Do you hold, or have you held, a direct or indirect interest in a pawnbroker license? _____
If yes, include name of establishment, address, type of license, and date:

 7. Have you, any member of your family, or any corporation, company, or partnership in which you were involved, ever have a pawnbroker license suspended, revoked, or refused? If you, give name, date, jurisdiction, and action taken:

 8. List all of your arrests, felony, misdemeanor, and traffic charges. Please list dates, charge, location, convictions, and sentences:

 9. List all civil court actions, including divorce and name changes, along with the names of litigants, dates, court of jurisdiction, and causes of action.

- Signature of Applicant _____



City of Lakewood

Police Department
445 South Allison Parkway
Lakewood, Colorado 80226-3105
Voice: 303-205-0910
TDD: 303-987-7111
Fax: 303-205-0920

AUTHORITY FOR RELEASE OF INFORMATION

Name _____
(Last) (First) (Middle)

_____ Date of Birth _____
Sex _____ *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)

**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 _____