

PAWNBROKER MANAGER REGISTRATION APPLICATION

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 the Colorado Bureau of Investigations, and one for the Federal Bureau of Investigations.

DOCUMENTS REQUIRED WITH APPLICATION

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

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

FINGERPRINTING IS CONDUCTED BY APPOINTMENT ONLY

To schedule an appointment, please call 303-987-7310.

FEES REQUIRED FOR INITIAL INVESTIGATION

- Manager Registration Fee \$150.00
- Fingerprinting Fee \$16.50
- Total Fee \$166.50

Make fees payable to "City of Lakewood"



MANAGER REGISTRATION APPLICATION BACKGROUND INVESTIGATION REPORT

1. Name of Business: _____

2. Completed 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 number: _____ 16. Driver's License number: _____

17. List state issuing Driver's License: _____

18. Has your driver's license ever been revoked or suspended? ____ Yes or ____ No

If yes, please provide details:

Citizenship

19. Are you a U.S. Citizen? ____ Yes or ____ No

If no, please indicate which of the following you have and the number. A Certificate of Naturalization number, Alien Registration number, or Permanent Resident Number: _____

Residences

20. List all addresses for the past FIVE years: _____

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

22. Is your current residence owned or rented?

If rented, list the name and address of the landlord: _____

If owned, list the name and address of mortgagor, if any: _____

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

Employment

24. Name of present employer: _____

25. List the type of business where currently employed: _____

26. Complete business address: _____

27. Business phone Number: _____ 28. Length of employment: _____

29. List employment for the last TEN years (attach a separate paper if you need more room):

Business Name	Address (City, State, Zip Code)	Position	Dates Employed
---------------	---------------------------------	----------	----------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

30. Have you ever been discharged from a position? ____ Yes or ____ No

If yes, please list details: _____

Family History

31. Spouse's full name (including maiden): _____

32. Spouse's date of birth: _____

33. Spouse's employer: _____

Educational History

34. List name of school, address, years attended, and name of degree or diploma received:

School Name	Address (City, State, Zip Code)	Years Attended	Degree or Diploma
-------------	---------------------------------	----------------	-------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service

35. List branch of military: _____

36. List years of service: _____

37. Date of discharge: _____ 38. Type of discharge: _____

39. Military service number: _____

References

40. List THREE professional references (include person's name, address, phone number, years known, and their occupation):

Name	Address (City, State, Zip Code)	Phone Number	Years Known	Occupation
------	---------------------------------	--------------	-------------	------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

41. List THREE personal references (include person's name, address, phone number, years known, and their occupation):

Name	Address (City, State, Zip Code)	Phone Number	Years Known	Occupation
------	---------------------------------	--------------	-------------	------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

42. Change of manager:

New manger's name: _____

Complete home address: _____

Date of birth: _____

OFFICE USE ONLY:

Former manager's name: _____

Complete home address: _____

Date of birth: _____

I certify that 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 the applications submitted to the city. I understand I will need to be fingerprinted and photographed. Should an answer change, or new information become available, I will contact the City Clerk's Office at 303-987-7080.

This must be signed before a notary.

Applicant's Signature

Date

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

Notary Public

My commission expires: _____

BELOW FOR POLICE USE ONLY

CRIMINALISTICS

_____ Photographs

Completed by: _____

_____ Fingerprints

Date: _____

LPD identification number: _____

INVESTIGATION DIVISION

Date received: _____

Criminal History

Criminal record, NCIC _____ Yes _____ No

Criminal record, FBI (letter mailed) _____ Yes _____ No By: _____

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, (_____) _____ Yes _____ No

Background summary: _____

Memorandum completed _____ Yes _____ No

By: _____

Date: _____

Investigator

Reviewing supervisor: _____

Date: _____

Recommendation (check one):

_____ Approval

_____ No Recommendation

_____ Disapproval



PAWNBROKER ATTACHMENT

GENERAL INFORMATION

1. Name of individual _____

2. Complete Residential Address of Applicant: _____

City: _____ State: _____ Zip: _____

3. Home phone number: _____ Business phone number: _____

4. Business name: _____

5. Business Address: _____

City: _____ State: _____ Zip: _____

6. Do you hold, or have you held, a direct or indirect interest in a pawnbroker license? ___ Yes or ___ No

If yes, please list name of establishment, complete address, type of license, and date:

7. Have you, or any member of your family, or any corporation, company, or partnership in which you were involved, ever had a pawnbroker license suspended, revoked, or refused?

If yes, list the name, date, jurisdiction, and action taken:

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

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

Signature of applicant

Date

City of Lakewood

Police Department

445 South Allison Parkway

Lakewood, Colorado 80226-3105

Phone: 303-205-0910

Fax: 303-205-0920

TDD: 303-987-7111

AUTHORITY FOR RELEASE OF INFORMATION

Name (Last, First, Middle): _____

_____ Date of Birth (month/day/year): _____

Sex _____

I, (name) _____, 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 saving 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, trail 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, wherever 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 me before this _____ day of _____, _____

Notary Public

Expiration Date

(Notary Seal)

LAWFUL PRESENCE AFFIDAVIT

I, (name) _____, 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 contact 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 contact 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 _____