





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. Have you ever served in the military?  Y  N

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

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

47. Type of Discharge: \_\_\_\_\_ 48. Military Service No.: \_\_\_\_\_

**EDUCATIONAL HISTORY**

49. List all high schools and colleges attended

School Attended (High School and/or College)	Address (include city & state)	Years Attended

**EMPLOYMENT HISTORY**

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

51. Type of Business: \_\_\_\_\_ 52. Current Position: \_\_\_\_\_

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

54. Business phone no.: \_\_\_\_\_ 55. Length of Employment: \_\_\_\_\_  
(Area Code)

56. Employment for the last 10 years:

Company Name	Complete Address Include street name, city, state and zip	Position Held	To/From

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

\_\_\_\_\_

**FINANCIAL INFORMATION**

58. List all personal bank accounts of applicant and spouse

Bank	Address (street name, city, state & zip)	Type of Account	Account Number

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

Lender	Address (street name, city, state & zip)	Type of Loan	Account Number

60. Cash to be invested

Source	Address (street name, city, state & zip)	Amount	Account No.

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

Source	Address (street name, city, state & zip)	Amount	Collateral

62. Complete the following on all business accounts.

Bank	Bank Address (street name, city, state & zip)	Account Number	Authorized Signatories

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

**PROPERTY INFORMATION**

64. Is the building owned or leased?  owned  Leased

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

66. Is the land owned or leased?  owned  Leased

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

**REFERENCES**

68. List three professional references

Name	Complete Address Include street name, city, state and zip	Occupation	Telephone number

69. List three personal references

Name	Complete Address Include street name, city, state and zip	Occupation	Telephone number

**ADDITIONAL BACKGROUND INFORMATION**

70. 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: \_\_\_\_\_

---

---

71. 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: \_\_\_\_\_

---

---

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

---

---

---

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

---

---

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

---

---

**ADDITIONAL DOCUMENTS CHECKLIST**

- ( ) Stamped Articles of Incorporation and/or Certificate of Good Standing (if incorporated 2+ years
- ( ) Stock Certificates (front & back)
- ( ) Purchase Agreement
- ( ) Deed or Lease
- ( ) Diagram of the Premises (no larger than 8 ½ X11)
- ( ) Partnership Agreement
- ( ) Stamped Articles of Organization
- ( ) Operating Agreement
- ( ) Certificate of Authority (if foreign company)

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 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
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, Whet Ridge 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