



BACKGROUND INVESTIGATION REPORT FOR LIQUOR APPLICATIONS

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. Name of applicant: _____

2. Applicant is a: ☐ Limited Liability Company ☐ Corporation
☐ Partnership ☐ Sole Proprietorship

3. List all officers, directors (corporation), managing members (LLC), or partners

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

4. Trade Name: _____

5. Business address: _____
Street name City & State Zip Code

6. Business Phone: _____

7. Does an attorney represent you? If yes, provide name, address, and phone no.

8. List any other persons who have a direct or indirect financial interest in this business.

Name	Complete Address (street name, city, state, and zip)	Percentage

PERSONAL INFORMATION

9. Your name: _____
Last Name First Name Middle Initial
10. Other names used: _____
11. Home Address: _____
Street Name City & State Zip Code
12. Home Phone: _____
(Area Code)
13. Date of Birth: _____ 14. Place of Birth: _____
15. Sex: ☐ F ☐ M 16. Race: _____ 17. Eye Color: _____
18. Height: _____ 19. Weight: _____ 20. Hair Color: _____
21. Social Security No. _____
22. Driver's License No.: _____ 23. State Issuing Driver's License: _____
24. Has your driver's license **ever been** suspended or revoked? ☐ Y ☐ N
25. If yes, please explain (include date and location): _____

26. Is your driver's license suspended, revoked, canceled or denied now? ☐ Y ☐ N
27. If yes, please explain (include date and location) _____

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

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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):
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73. List all civil court actions (include divorce, name changes) along with the names of litigants, dates, court of jurisdiction and cause of action: _____
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74. List all of your traffic charges (include date, location, charge, conviction, sentence, and disposition):
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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 303-235-2816.

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: _____

Investigation Division: _____ **Date Received:** _____

Criminal History

() Yes	() No – Criminal Record, NCIC
() Yes	() No – Criminal Record, CCIC
() Yes	() No – Criminal Record, Wheat 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

Reviewing Supervisor Date: _____

Recommendation:

() Approval () No Recommendation () Disapproval

Investigation Division Date: _____