

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 BACKGROUND INVESTIGATION AND FINGERPRINTING

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 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, COLORADO
BACKGROUND INVESTIGATION REPORT
FOR MASSAGE BUSINESS 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 Business: _____
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: _____ 14. Place of Birth: _____
10. Sex: ☐ F ☐ M 16. Race: _____ 17. Eye Color: _____
11. Height: _____ 19. Weight: _____ 20. Hair Color: _____
12. Social Security No. ____--____--____
13. Driver's License No.: _____ 23. State Issuing Driver's License: _____
14. Has your driver's license **ever been** suspended or revoked? ☐ Y ☐ N
15. If yes, please explain (include date and location): _____

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

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 in the county of _____, State of Colorado, this _____ day
of _____, 20_____ by _____.

Notary Public

My Commission Expires: _____