



CONFIDENTIAL BACKGROUND INVESTIGATION REPORT

Form 7

City Clerk's office 303-538-7230
 9500 Civic Center Drive
 Thornton, Colorado 80229-4326

REFERRAL TO THORNTON POLICE DEPARTMENT	PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK ATTACH SEPARATE SHEET IF NECESSARY
Name of Individual (please print):	
Position:	
Trade Name of Establishment:	
Address of Establishment:	

The City of Thornton, by law, has the authority to regulate Liquor and Beer Licenses. Pursuant to that authority, the City conducts background investigations of applicants for owners and managers of Liquor or Fermented Malt Beverage licensed establishments. The Background Investigation Report provides basic information about the applicant, which is necessary for the investigation.

Every answer you give will be checked for its truthfulness. A deliberate falsehood will jeopardize the application, as such falsehood within itself constitutes evidence regarding the reputation and character of the applicant.

- I have read and I do understand the above statement. I further acknowledge that I have obtained and examined copies of Chapter 42, Article II of the Thornton City Code, pertaining to liquor laws for the City and the Colorado Liquor Code (Title 44, Colorado Revised Statutes).
- Excluding the corporate officers, stockholders, directors, partners, members, and/or managers of the licensed premises, I hereby certify, under penalty of law, that no other individual(s) have any direct or indirect financial interest in the business to be conducted under the license herein applied for.
- As an applicant, excluding managers, I hereby agree to notify the Local Licensing Authority, within 5 (five) days of any changes in the financing of this business, should the changes occur during the period for which this license is issued and for the term or terms of any renewals or extension thereof.
- I further certify the facts contained within the following Background Investigation Report are true and correct and I understand that any falsification or misrepresentation will result in a rejection of this application or a revocation of said license. Also said falsification, omission or misrepresentation is evidence of perjury in the second degree.

Signature	Date Signed
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SEAL	Subscribed and sworn to before me by:
	in the County of Adams, State of Colorado, this day of , 20
	Notary Public:
	My Commission Expires:



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SECTION I - TO BE COMPLETED BY ALL APPLICANTS – INCLUDING MANAGERS

Driver's License Number:		State Issued:
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:		
Where:	When:	Reason:

Marital Status:	Name of Spouse (include maiden name if applicable):	Spouse's date of birth (if applicable):

Military Service (branch):	From:	To:	Type of Discharge:

List all previous states resided within (including military service):	

If ever discharged from a position, complete the following:	Where:
When:	Reason:

List bank and credit references of applicant and spouse (if different):	Name	Address	Phone	Time Known

List four references two Professional & two Personal:	Name	Address	Phone	Time Known

List all CONVICTIONS (attach separate sheet if necessary):	Violation	When	Where	Final Disposition

SECTION II - THE FOLLOWING SECTION DOES NOT APPLY TO MANAGERS

Will the applicant or anyone else, conduct any business other than the sale of alcoholic beverages on the licensed premises?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:	Type of Business:
Full Name of person who will operate business:	
Residence Address:	Date of Birth:

Has the applicant agreed to permit any person to receive, or agreed to pay to any employee or other person (by way of rent or otherwise) all or any portion or percentage of the gross or net profits or income derived from the business to be conducted under the license applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail: _____ _____
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If applicable, state in detail any form of entertainment to be offered: _____
