



500 South 4th Avenue Brighton, CO 80601  
www.brightonco.gov 303.655.2000

**BACKGROUND INVESTIGATION**

License/Permit No. \_\_\_\_\_

This addendum becomes a part of the License/Permit application submitted and is attached thereto as referenced by the number above. The information shown below is personal information about the applicant for license to be used for background investigations in the review of licensing request and will be handled as confidential. If requesting more than one license, duplicate background reports will not be required. Fees associated with the background report are based on the current fee charged by the company providing the report and can be quoted by personnel prior to application submittal.

**NOTE:** Liquor License and Marijuana License applicants **MUST** complete this application in its entirety.  
-ALL other applicants required to submit this addendum for background history need to **ONLY** complete the highlighted areas.

Applicant Personal Information				
<b>Full Name:</b>				
<b>Date of Birth:</b>	Hair Color:	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Height:	
Place of Birth:	Eye Color:	Race:	Weight:	Lbs.
<b>Alias:</b>	Website:		<b>Current Occupation:</b>	
<b>Driver's License No:</b>		<b>State of Driver's License Issuance:</b>		
Social Security No:		Total Years at Current Address:		
Are you a naturalized citizen of the United States of America?		<input type="checkbox"/> YES <input type="checkbox"/> NO	Naturalization No:	
Please list ALL of the addresses in which you have resided for the past five (5) years (address, state, city & zip code):  ⇒⇒⇒⇒⇒		#1		
		#2		
		#3		
Applicant's Bank Name	Name on Account	Address	Phone Number	Account Type
Spouse's Bank Name	Name on Account	Address	Phone Number	Account Type
<b>Please list ALL arrests and convictions including traffic violations</b> (continue on back if necessary) <input type="checkbox"/> more on back				
Date:		Date:		
Location:		Location:		
Final Disposition:		Final Disposition:		

If convictions, please include any additional information including, but not limited to, character references, educational achievements, and any other evidence of rehabilitation.

Employment History	Please list current employer and ALL past employment for the past ten (10) years. (continue on back if necessary) <input type="checkbox"/> more on back				<input type="checkbox"/> I am unemployed	
	Business Name	Business Address Street, City, State & Zip Code	Phone Number	Position Held	Dates Start End	



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References	Name	Address	Phone Number	Years Acquainted
Please list three (3) Professional references				
Please list three (3) Personal References				

**NOTICE AND AFFIRMATION**

The City of Brighton, by law, has the authority to regulate licenses. Pursuant to this authority, the City of Brighton may conduct a background investigation of owners and manager. The Background Investigation report provide basic information about the applicant that is necessary for the investigation and review of licensing. All applicable questions must be answered completely. 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 understand this notice as written. I hereby certify the facts contained within the foregoing Background Investigation report are true and correct, and I understand that any falsification or misrepresentation on my part will result in a rejection of this application.*

*I affirm this statement by my signature affixed hereto:*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**(Notarization required for Liquor and Marijuana License applicants only)**

At Witness:

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires: \_\_\_\_\_



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**BACKGROUND INVESTIGATION**

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**BACKGROUND INVESTIGATION REPORT  
CITY OF BRIGHTON POLICE DEPARTMENT**

Office Use Only	<input type="checkbox"/> FINGERPRINTS Received _____ Fwd: _____ By: _____ Date: _____ Comments: _____	Search By: _____ Date: _____
	File Complete <input type="checkbox"/> YES <input type="checkbox"/> NO Comments: _____ _____ _____ Date: _____ Assigned Investigator: _____	<u>Recommendation for License</u> <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Signature - Chief of Police or designee Attachment: <input type="checkbox"/> YES <input type="checkbox"/> NO
Additional Notes:		