



1201 Broad St. Milliken, CO 80543 • 970-587-2772 • Fax: 970-587-8522

Background Investigation Report

Date request received: _____

Name of Business/Person: _____

Type of license applied for: () Business – non liquor () Business – liquor licensing

I. Applicant: _____ DOB: _____

Criminal History yes no

Warrants yes no

Local records yes no

Address verified yes no

Comments: _____

II. Applicant: _____ DOB: _____

Criminal History yes no

Warrants yes no

Local records yes no

Address verified yes no

Comments: _____



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Background Investigation Report

III. Applicant: _____ DOB: _____

Criminal History yes no

Warrants yes no

Local records yes no

Address verified yes no

Comments: _____

IV. Applicant: _____ DOB: _____

Criminal History yes no

Warrants yes no

Local records yes no

Address verified yes no

Comments: _____

Investigating Officer

Date