KANSAS CITY MISSOURI BOARD OF POLICE COMMISSIONERS

PRIVATE OFFICERS LICENSING UNIT

APPLICATION FOR LICENSE

Date _____

NOTICE: This application form is for organizations who whish to regularly work or employ persons to engage in the private security business in the City of Kansas City, Missouri.

Pursuant to the provisions of State Regulations 17CSR10-2.010, the undersigned hereby makes application for a license as a Private Security Company and for the purpose of procuring such license makes the following statements.

1. Company Trade Name _____
   Name to appear on license

2. Company Legal Name _____

   Company Address _____

   Company Email _____ Business Phone _____

3. If this application is for a branch office, or a sub-Company, please list the business address of home office:

   _____
   Principle Name of Company

   _____
   Street & Number City/Town

   _____
   County State Zip Business Phone

4. Is this Company using a fictitious name, that is, a name other than someone's full legal name? ☐ Yes ☐ No

   If yes, has this fictitious name been registered with the Missouri Secretary of State? ☐ Yes ☐ No

5. Is this Company a corporation established in some other state but doing business in Missouri? ☐ Yes ☐ No
   If yes, please provide verification that the Company is registered to do business in Missouri and attach a Certificate of Good Standing from the Missouri Secretary of States Office

6. Which of the following best defines your Company?

   a. ☐ Contract Service : contracts to do security business with persons or companies in the Kansas City area.

   b. ☐ Proprietary : In-house security and does not contract with private industry to provide security.

   c. ☐ Government Company: Element of the City, County, State, or Federal Government.

7. Has any license or permit, issued to any person named on the application, been denied, suspended, or revoked by any element of the City, County, State, or Federal government or by the Board of Police Commissioners? ☐ Yes ☐ No
   If yes, give full details

8. Describe uniform and enclose color photograph and patch to be worn.

9. Approximate number of persons to be licensed: Armed _____ Unarmed _____ Total _____

10. The following describes all company owned weapons, in this private security business:
Attach additional sheets if necessary.

Make	Model	Serial No.	Type or Description

11. State the full name, residence address, and capacity of each of the owners, partners, officers, directors, or associates of the Company.

1. _____
Name Capacity-President, Director, etc.

_____
Address Email

_____
Date of Birth Social Security # Signature

2. _____
Name Capacity-President, Director, etc.

_____
Address Email

_____
Date of Birth Social Security # Signature

12. Company's contact persons, those who are authorized to sign and do business with the Board of Police Commissioners. Attach additional pages if necessary.

_____
Name (Please Type) Capacity Email

_____
Address Telephone Number

_____
Date of Birth Social Security # Signature

13. Are all persons listed in questions 11 and 12 citizens of the United States? ☐ Yes ☐ No
Please provide copies of birth certificates.

14. Please provide the Agencies Federal employment Identification Number. _____

I have read this application for an Company license and to the best of my knowledge and belief the information contained therein is true and correct. _____