## KANSAS CITY MISSOURI BOARD OF POLICE COMMISSIONERS <br> PRIVATE OFFICERS LICENSING UNIT <br> APPLICATION FOR LICENSING

Date
NOTICE: This application form is for organizations who wish 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
All company names must be approved by Private Officers Licensing Unit (POLU)
2. Company Legal Name

Company Address
Company Email $\qquad$ Business Phone $\qquad$
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? $\square$ Yes $\square$ No If yes, has this fictitious name been registered with the Missouri Secretary of State?Yes $\square$ No
5. Is this Company a corporation established in some other state but doing business in Missouri?Yes $\qquad$ 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. $\square$ Contract Service: contracts to do security business with persons or companies in the Kansas City area.
b. $\square$ Proprietary: In-house security and does not contract with private industry to provide security.
c. $\square$ 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,Yessuspended, or revoked by any element of the City, County, State, or Federal government or by the Board of Police Commissioners?
If yes, give full details
8. Former Law Enforcement Personnel? $\square$ Yes $\square$ No (If yes, you must complete Form 5067 P.D.)
9. Describe uniform and enclose color photograph and patch to be worn; POLU 10-2.050 (6) will approve, in advance all uniforms to be worn by any licensee.
10. COMPANY OWNED OR OPERATED PRIVATE SECURITY VEHICLES? $\square$ YES $\square$ NO If yes, you must provide, at the time of application photographs and description of all vehicles. All vehicles must clearly state the company name and the word security, 10-2.020 (10).
11. Approximate number of persons to be licensed: Armed $\qquad$ Unarmed $\qquad$ Total $\qquad$
12. The following describes all company owned weapons, in this private security business: Attach additional sheets if necessary.
Make Model Serial No. Type or Description

13. State the full name, residence address, and capacity of each of the owners, partners, officers, directors, or associates of the Company.
14. 

Name Capacity-President, Director, etc.
Address Telephone Email
Date of Birth Social Security \# Signature
2.
Name Capacity-President, Director, etc.
Address Telephone Email
Date of Birth Social Security \# Signature

14 Company's contact persons, those who are authorized to sign and do business with the Private Officers Licensing Unit. Attach additional pages if necessary.


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. $\qquad$

