## KANSAS CITY MISSOURI BOARD OF POLICE COMMISSIONERS

## PRIVATE OFFICERS LICENSING UNIT APPLICATION FOR LICENSING

|                           |  | Date   |  |                |  |  |  |  |
|---------------------------|--|--|--|----------------|--|--|--|--|
| NO                        |  | This application form is for organizations who wish to regularly work or employ persons to engage private security business in the City of Kansas City, Missouri.  |  |                |  |  |  |  |
|                           |  | se as a Private Security Company   | tions 17CSR10-2.010, the undersigned her y and for the purpose of procuring such licen |                |  |  |  |  |
| 1.                        | . Company Trade Na                                   | me   |  |                |  |  |  |  |
| •                         | . Company made ma                                    | Name to appear on license  |  |                |  |  |  |  |
|                           |  | All company names must be  | e approved by Private Officers Licensing Ui  | nit (POLU)     |  |  |  |  |
| 2.                        | . Company Legal<br>Name                              |  |  |                |  |  |  |  |
|                           | Company Address                                      |  |  |                |  |  |  |  |
|                           | Company Email  |  | Business P   | Business Phone |  |  |  |  |
| 3.                        |  |  |  |                |  |  |  |  |
| Principle Name of Company |  |  |  |                |  |  |  |  |
| •                         |  |  |  |                |  |  |  |  |
| •                         | Street & Number                                      |  |  |                |  |  |  |  |
| •                         |  |  |  |                |  |  |  |  |
| •                         | County   | State  | Zip E  | Business Phone |  |  |  |  |
| 4.                        | . Is this Company usi                                | ng a fictitious name, that is, a na  | ame other than someone's full legal name?  | ☐ Yes ☐ No     |  |  |  |  |
|                           | If yes, has this fictiti                             | ous name been registered with t  | he Missouri Secretary of State?  | ☐ Yes ☐ No     |  |  |  |  |
| 5.                        | If yes, please provid                                | 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.                        | 6. Which of the following best defines your Company? |  |  |                |  |  |  |  |
|                           | a. Contract S  | a.   Contract Service: contracts to do security business with persons or companies in the Kansas City area.  |  |                |  |  |  |  |
|                           | b. Proprietary                                       | ecurity.   |  |                |  |  |  |  |
|                           | c. Governme  | c. Government Company: Element of the City, County, State, or Federal Government.  |  |                |  |  |  |  |
| 7.                        |  | ked by any element of the City, C<br>Commissioners?  | ned on the application, been denied,<br>County, State, or Federal government or by     | ☐ Yes ☐ No     |  |  |  |  |

| 8.<br>9. | Former Law Enforcement Personnel?  Yes No (If yes, you must complete Form 5067 P.D.)  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.      | If y  | es, you must                 | provide, at the tim          | PRIVATE SECURITIES OF Application places and the word se | hotographs    | and description     |                  | les. All vehicles |  |  |
| 11.      | App   | proximate numb               | per of persons to be         | licensed: Armed _  |               | Unarmed             | Total            |                   |  |  |
| 12.      |   |                              |                              | wned weapons, in th                                      | his private s | ecurity business:   |                  |                   |  |  |
|          | Attach additional sh<br>Make  |                              | heets if necessary.<br>Model | Serial No.   |               | Type or Description |                  |                   |  |  |
|          |   |                              |                              |  |               |                     |                  |                   |  |  |
| 13.      |   | te the full name he Company. | , residence address          | and capacity of ea                                       | ach of the ov | vners, partners, of | fficers, directo | rs, or associates |  |  |
|          |   | Name                         |                              |  | Сар           | oacity-President, D | Director, etc.   |                   |  |  |
|          |   | Address                      |                              |  |               | Telephone           | Email            |                   |  |  |
|          |   | Date of Birth                | Socia                        | I Security #   | Signa         | ture                |                  |                   |  |  |
|          | 2.  | Name                         |                              |  | Сар           | pacity-President, D | Director, etc.   |                   |  |  |
|          |   | Address                      |                              |  |               | Telephone           | Email            |                   |  |  |
|          |   | Date of Birth                | Socia                        | I Security #   | Signa         | ture                |                  |                   |  |  |
| 14       |   | mpany's contac               |                              | o are authorized to                                      | •             |                     | Private Office   | ers Licensing     |  |  |
|          |   | Name (Pleas                  | e Type)                      |  |               | Capacity            |                  |                   |  |  |
|          |   | Address                      |                              |  |               | Telephone           | Email            |                   |  |  |
|          |   | Date of Birth                | Socia                        | I Security #   | Signa         | ture                |                  |                   |  |  |
| 15.      | 15. Are all persons listed in questions 13 and 14 citizens of the United States?  |                              |                              |  |               |                     |                  |                   |  |  |
| 16.      | Please provide the Agencies Federal employment Identification Number.   |                              |                              |  |               |                     |                  |                   |  |  |
|          |   | ead this applica             | •                            | y license and to the                                     | best of my l  | knowledge and be    | elief the inform | ation contained   |  |  |