

KANSAS CITY MISSOURI BOARD OF POLICE COMMISSIONERS
PRIVATE OFFICERS LICENSING UNIT
APPLICATION FOR LICENSE

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 _____ 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; POLU 10-2.060 (4) will approve, in advance all uniforms to be worn by any licensee.

9. **Photograph and description of all vehicles; all vehicles must clearly state company name and security.**

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

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

Make	Model	Serial No.	Type or Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. 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 Telephone Email

Date of Birth Social Security # Signature

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

Address Telephone Email

Date of Birth Social Security # Signature

13. 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 Email

Date of Birth Social Security # Signature

14. Are all persons listed in questions 12 and 13 citizens of the United States? Yes No
Please provide copies of birth certificates and state issued id's.

15. 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. _____