PRIVATE MERCHANT POLICE LICENSE APPLICATION

www.wichita.gov

CITY LICENSE **455 N. Main 1st Floor**
(316) 268-4553 **Wichita, KS 67202**

____ Individual Proprietorship ____ New.....$300.00
____ Partnership ____ Renewal.....$100.00
____ Corporation: If Incorporated, through which state? _____

APPLICANT INFORMATION:

Full Name				Home Phone	
Home Address				Zip Code	
Date of Birth (Must be 21 yrs of age)				City & State of Birth	
Military Branch		Type of Discharge		Social Security Number	

If the answer to any of the **FOLLOWING** questions is "**YES**", explain **IN DETAIL** on the reverse side of the application or attach a separate piece of paper to this application.

- Have you ever been REFUSED a security bond? ____ **Yes** ____ **No**
- Have you ever had a security bond revoked? ____ **Yes** ____ **No**
- Have you ever had a judgment or conviction for fraud, deceit, or misrepresentation entered against you? ____ **Yes** ____ **No**

If the answer to any of the **FOLLOWING** questions is "**YES**", explain the charge, penalty, date, and place associated with the conviction(s). Place the information on the reverse side of the application or attach a separate piece of paper to this application.

- Have you ever been convicted of a felony? ____ **Yes** ____ **No**
- Have you ever been convicted of a misdemeanor? ____ **Yes** ____ **No**

BUSINESS INFORMATION:

Business Name		Phone	
Local Business Address		Zip Code	
Mailing Address (if different)		Zip Code	
Type of Service Offered		Coverage Area	
Kansas Sales Tax No.		Federal Tax No.	
No. of Security Officers Employed			

BUSINESS PARTNER OR CORPORATE OFFICER INFORMATION: Please provide the following information for each partner, officer, director, or associate of the business firm. If more space is needed, use the reverse side of this application or attach a separate piece of paper to this application.

Full Name		Home Phone	
Home Address		Zip Code	
Social Security No.		Date of Birth	

All applications must be accompanied by a copy of the current insurance and bond.
The undersigned, of lawful age, states that this application has been signed with the understanding and agreement to the provisions set forth in Chapter 3.72, Code of the City of Wichita, Kansas, and that the information and answers herein contained are complete and true and known by the affiant to be so.

_____ _____
Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____, _____ _____
Notary Public

FOR OFFICIAL USE ONLY

	Approved		Disapproved		Date
Police Training Dept.					
Law Dept.					
License Number		Date Issued		License Expiration	

(08/2008)