



PRIVATE MERCHANT POLICE LICENSE APPLICATION

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

___ Individual Proprietorship ___ New.....\$400.00
 ___ Partnership ___ Renewal.....\$200.00
 ___ 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. (Convictions shall not include charges for which a person has successfully completed a diversion or deferred judgment program or which have been expunged or pardoned pursuant to the law on any applicable jurisdiction.)

- 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. Must also include full color photos of any vehicle or vehicles used by agency and any uniform or uniforms worn by employees of the agency.

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	