

New _____ Renewal _____



For office use only:
Licensing Year: _____
License No.: _____
Date Issued: _____

APPLICATION FOR MERCHANT SECURITY SERVICE LICENSE

Name of Company: _____

Address _____ Phone: _____

Business Owner(s) _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

OWNER INFORMATION

Are you also applying for a Merchant Security Guard permit? Yes No

If yes, you will **NOT** be required to fill out an individual application. A fee of \$57.50 will be added to your application fee.

Have you ever been convicted of any felony, misdemeanor or ordinance violation? Yes No

If yes, state when, where and for what offenses.

DATE	WHERE	OFFENSE

Have you **EVER** had a judgement or conviction for fraud, deceit or misrepresentation entered against you? Yes No

If yes, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

I understand that the fingerprints of the owner/applicant and each person involved in the management of the service must be on file with the Salina Police Department.

I understand that a recent picture of the owner/applicant and each person involved in the management of the service must be submitted with this application.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

Signature of owner

Date

SERVICE INFORMATION

Service to be offered and area expected to be covered in the conduct of the business: _____

Number of employees to be employed by the service: _____

MANAGEMENT INFORMATION

***Please Note that each management personnel obtaining a security guard permit will NOT be required to fill out the individual application. An additional fee of \$57.50 per permit will be added to the license fee.**

Manager, if different, or other person involved in daily management _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

Will you also be applying for a merchant security guard permit? Yes No

If No, please skip the next two questions, read the statement then date and sign.

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? Yes No

If **yes**, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

Have you **EVER** had a judgement or conviction for fraud, deceit or misrepresentation entered against you? Yes No

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Signature

Date

Any other officers, directors or other persons actively involved in the management of the business:

Name _____ Title _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

Will you also be applying for a merchant security guard permit? **YES** **NO**

If No, please skip the next two questions, read the statement then date and sign.

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? **Yes** **No**

If **yes**, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

Have you **EVER** had a judgement or conviction for fraud, deceit or misrepresentation entered against you? **Yes** **No**

If **yes**, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

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Signature

Date

Any other officers, directors or other persons actively involved in the management of the business:

Name _____ Title _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

Will you also be applying for a merchant security guard permit? **Yes** **No**

If No, please skip the next two questions, read the statement then date and sign.

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? Yes No

If **yes**, state the date and place of occurrence, nature of the offense, and penalty imposed:

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Signature

Date

Number of Guard Permits _____ x \$57.50= _____ + Service Fee \$170.00 = \$ _____ Date _____ Receipt No. _____ Received by _____
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Certificate of Police Department

I certify that I have reviewed this application and the applicant and others involved in the management of the business have met the qualifications necessary for a merchant police service license. The fingerprints of applicant and other management personnel are on file. APPROVED/ DISAPPROVED

Date

Police Department

Certificate of City Clerk

The applicant has a current five hundred thousand-dollar (\$500,000) certificate of single limit public liability insurance and a ten thousand (\$10,000) bond on file in this office, as required by the Salina Code. APPROVED/DISAPPROVED

Date

City Clerk
