



City Clerk's Office  
 300 W. Ash, Rm. 206  
 P.O. Box 736  
 Salina, KS 67402-0736  
 (785) 309-5735

|   |
|---|
| Year _____  |
| Badge # _____   |
| Date Issued _____   |
| NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> |

## APPLICATION FOR MERCHANT SECURITY GUARD LICENSE

**NOTE: APPLICANT MUST PROVIDE A COPY OF A VALID DRIVER'S LICENSE WHEN SUBMITTING APPLICATION**

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
 D.L. Number and State \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_  
 M \_\_\_\_ F \_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
 Name of Employer \_\_\_\_\_

.....

***Please be advised, all applicants, whether new or renewals, will be put through a background check with the Kansas Bureau of Investigation as well as other sources. Pursuant to Salina Municipal Code section 30-40(1)(d), failure to disclose any information that may show up in a background check or providing any false information may be grounds for denial of your merchant security guard license application/renewal.***

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 |
|------|-------|---------|-----------------|
|      |       |         |                 |
|      |       |         |                 |
|      |       |         |                 |
|      |       |         |                 |

Where have you lived in the past five years?

| YEAR | ADDRESS | CITY/STATE |
|------|---------|------------|
|      |         |            |
|      |         |            |
|      |         |            |
|      |         |            |
|      |         |            |

I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE SALINA CODE AND REGULATIONS RELATING TO THE OPERATION OF SUCH BUSINESS. I AGREE MY CONDITIONAL PERMIT AND/OR 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*\*\*\*\*

**Company verification**

I hereby verify that the above named person is applying for a merchant security guard permit for employment with the company listed above and that I have reviewed the applicant's completed application form. It is consistent with information provided to us in our application process, and we support this application based on the information provided.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company representative

\_\_\_\_\_  
Company Name

\*\*\*\*\*

Fee paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

**COPY OF APPLICANT'S DRIVER'S LICENSE NEEDS TO BE ATTACHED**

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**Certificate of City Clerk**

The application is APPROVED/DISAPPROVED

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk

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**Certificate of City Manager**

If approved after appeal, City Manager signature required: \_\_\_\_\_

City Manager

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