



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

Year _____
Badge # _____
Date Issued _____

APPLICATION FOR MERCHANT SECURITY GUARD LICENSE

New Application

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

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

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? **Include all expunged records in accordance with KSA 21-6614.** 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? **Include all expunged records in accordance with KSA 21-6614.** 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 police permit for employment with the company listed above and that I have reviewed the applicants 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

Certificate of City Clerk

The application is APPROVED/DISAPPROVED

Date

City Clerk

Certificate of City Manager

If approved after appeal, City Manager signature required: _____

City Manager
