

**CITY OF LAWRENCE, KANSAS
MERCHANT SECURITY SERVICE APPLICATION**

Name of Business: _____
Contact Person: _____
Address: _____
Mailing Address _____
Business Phone (_____) _____

Attach a list of the name, address, date of birth and social security number of each officer, director, and any other person active in the management of the business entity.

Describe the nature of the service to be offered and the area to be covered:

State the number of persons to be employed by the service: _____

Has any officer, director, or other person active in the management of the business ever been convicted of any felony, misdemeanor or ordinance violation? YES _____ NO _____ ***If YES***, state the name of the person, the nature of the offense, the penalty imposed, and the date/place of occurrence.

Has any officer, director, or other person active in the management of the business ever had a judgement of conviction of fraud, deceit or misrepresentation entered? YES _____ NO _____ ***If YES***, state the name of the person, the nature of the offense, the penalty imposed, and the date/place of occurrence.

List all vehicles used in providing such service, including vehicle registration numbers:

List all weapons registered to any officer, director, or other person active in the management of the business, including serial numbers:

I HEREBY CERTIFY THAT THE ABOVE AND FOREGOING INFORMATION IS TRUE AND CORRECT.

I understand fees paid for processing this application are *not* refundable or prorated in the event this license is not approved or revoked for any reason.

Signature of Applicant

Printed Name of Applicant

LICENSE APPROVAL

For Office Use Only:

Investigation _____

Vehicle(s) and Vehicle(s) Marking _____

Radio Communication Knowledge _____

Law Enforcement Knowledge _____

I hereby APPROVE DISAPPROVE this application.

Chief of Police