



CITY OF COLUMBIA, MISSOURI
APPLICATION FOR ARMED GUARD LICENSE

Complete and return in person to the Business License Office between 8 a.m. and 5 p.m., Monday thru Friday

License Fee \$25.00; Investigation Fee \$_____

Please read every question carefully and answer each fully and accurately. An applicant may be disqualified from further processing if he/she knowingly makes false statement of material fact, or practices or attempts to practice any deception or fraud in this application. If the space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application.

This application must be submitted with the employer's letter of request for licensing.

Name _____

List all other names used (alias and maiden names): _____

Address _____
Street

Date of Birth _____

City, State, Zip

Drivers License No. _____

Phone _____

Race _____ Sex _____ Age _____

Business _____
Company Name

Height _____ Weight _____

Address _____

Hair _____ Eyes _____

City State, Zip

Scars, Tattoos, etc. _____

Are you a citizen of the United States or a legal Resident Alien? Yes____ No ____ If legal Resident Alien,
please provide documentation. State of birth: _____

Length of residency in the State of Missouri immediately preceding this application: _____

Have you ever served in the Armed Forces of the United States:

Yes _____ No _____ If yes, Branch _____ Dates _____

Type of discharge _____ (Please attach discharge paperwork)

While on active duty, was there any type of disciplinary action taken against you? Yes _____ No _____

Explanation: _____

Have you every pled guilty or been found guilty of a felony: Yes _____ No _____

Have you ever been arrested? Please list all arrests.

Date	Charge	Location	Disposition

Do you have any criminal charges pending: Yes _____ No _____

Explanation: _____

Have you ever been convicted of a misdemeanor or a non-traffic County/City Ordinance violation:

Yes _____ No _____

List any record of convictions from any city, county, state or federal agency:

Date	Charge	Location	Disposition

Failure to list any conviction record will be basis for denial of the application for licensing. A felony conviction is an automatic denial.

Are you currently a respondent to any protective orders: Yes _____ No _____ If yes, attach a copy of order.

As a security officer or watchman, have you ever been suspended, revoked, investigated or voluntarily surrendered your license: Yes _____ No _____

If yes, state where, when and why: _____

Describe any previous firearms training and experience: _____

Description of uniform, badge, or any insignia or logo: _____

I swear that I am eligible under the Gun Control Act of 1968 to possess any firearm which I will be carrying as a guard; that I have not been found guilty in any court of law of any charge involving the misuse of firearms; that I am not willfully concealing any information pertinent to issuance of this license; that all of the information contained above is correct to the best of my knowledge.

I understand that any false statement contained herein is punishable under Section 575.060 RSMo.

Signed _____ Date _____