



APPLICATION FOR ARMED SECURITY GUARD LICENSE

CITY OF COLUMBIA, MO

LICENSE FEE: \$25.00

INVESTIGATION FEE: \$ _____

Business.License@CoMo.Gov

701 E. Broadway, Columbia, MO 65201 573-874-7378 or 573-874-7549

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.

New Application _____ Renewal _____ Date _____

1. Name (First, Middle, Last) _____

2. List all other names used (alias and maiden names) _____

3. Address _____

4. Email Address _____

5. Phone _____ 6. Driver's License Number _____

7. Race _____ Sex _____ Age _____ Height _____ Weight _____

8. Hair Color _____ Eye Color _____

9. Scars, tattoos, etc: _____

10. Company Name _____

11. Address _____

12. Are you a citizen of the United States or a legal Resident Alien? Yes _____ No _____

Please provide documentation if you are a legal Resident Alien. State of birth _____

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

14. 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) _____

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

16. Explanation _____

17. Have you ever pled guilty or been found guilty of a felony? Yes _____ No _____

18. Have you ever been arrested? Please list all arrests:

Date	Charge	Location	Disposition

19. Do you have any criminal charges pending? Yes _____ No _____

Explanation _____

20. Have you ever been convicted of a misdemeanor or 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.

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

22. 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 _____

23. Describe any previous firearms training and experience _____

24. Description of uniform (colors, badge, shoulder patch, logo):

I swear that I am eligible under the Gun Control Act of 1968 to possess my 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.

Applicant _____ Date _____

FOR BUSINESS LICENSE OFFICE USE ONLY

Approved _____ Date _____

Business Services Manager