

Requirements and Procedures for a Security Guard Service As governed by Ordinance #65892

Listed below are the requirements and the procedures to be followed when applying for a Security Guard Service License and/or Occupation Tax.

Please note that **BOTH License and Occupation Tax payments must be paid yearly.**

A **LICENSE** has a duration of 1 year and is renewable on each anniversary of the original application date. It is the responsibility of the applicant to contact the Unified Government License Division for renewal forms annually. The **LICENSE** fee is **\$100.00**.

An **OCCUPATION TAX** expires on December 31st of any year. A renewal **OCCUPATION TAX STATEMENT** will be mailed to each applicant on or about that date. The Occupation Tax Schedule is as follows:

OCCUPATION TAX SCHEDULE

2024

01-02 GUARDS	\$ 183.00
03-10 GUARDS	\$ 371.00
11-20 GUARDS	\$ 554.00
21-40 GUARDS	\$ 962.00
41-60 GUARDS	\$ 1258.00
61 + GUARDS	\$ 1659.00

A CERTIFICATE OF LIABILITY INSURANCE in the minimum amount of **\$500,000.00** must be filed with the **LICENSE** application. The certificate must include the Unified Government of Wyandotte County Kansas City, KS as “additional named insured” and must contain a provision that coverage will not be cancelled unless at least 10 days prior written notice has been given to the Unified Government of Wyandotte County Kansas City, KS.

Read all instructions carefully and answer each question completely. In the event that a particular question is not applicable to you, write N/A in that blank so it will be considered ‘*answered*’ and not ignored or overlooked. All information is to be clearly printed in ink. In the event that estimates are made as to dates, please identify them as such in order that they are not considered deliberate misrepresentations.

Should you need more space to answer a question, please attach an additional information sheet and be sure to identify the question answered.

Individual **SECURITY GUARD PERMITS** will be processed by the Police Department after the **LICENSE** application has been approved.



BUSINESS LICENSE DIVISION

Neighborhood Resource Center

Unified Government of Wyandotte County/ Kansas City, Kansas

4953 State Avenue, Kansas City, Kansas 66102

p. (913) 573-8780 | f. (913) 573-8622 | www.wycokck.org/businesslicense

**SECURITY GUARD COMPANY
CHECK LIST**

Listed below are the requirements necessary for a Security Guard Service License.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

- Application Completed/Attached YES NO N/A
- Articles of Incorporation /Bylaws Attached YES NO N/A
- Copy of Partnership Agreement Attached YES NO N/A
- 2 Photographs & Thumbprint Attached YES NO N/A
- Photo of Guard's Uniforms YES NO N/A
- Copy of Joint Venture Agreement Attached YES NO N/A
- Insurance Certificate Attached YES NO N/A
- License Fee of \$100.00 is paid. YES NO N/A
- License Expiration Date: _____

Number of Security Guard Permits to be issued: _____

BUSINESS NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE #: _____

FOR OFFICE USE ONLY

License Number _____ Renewal New Expiration Date _____

Occupation Tax Number _____ Paid Delinquent

SECURITY COMPANY APPLICATION

PLEASE PRINT THE FOLLOWING INFORMATION.

Date: _____

Business Name: _____
Business Address: _____ **City:** _____ **St** _____ **Zip** _____
Local Address _____ **Telephone** _____
Business Email Address _____

Ownership Type Individual Partnership Joint Venture Corporation

Describe the general nature of your business. _____

Name of Owner (Individual) _____
Address _____ **Telephone** _____

Birth date _____ **Social Security #** _____ **Marital Status** _____

List all residences within the last 10 years. _____

List all occupations for the last 10 years. _____

2 Photographs and Thumbprint Attached? Yes No On File

Name of Partner (Partnership) _____
Address _____ **Telephone** _____

Birth date _____ **Social Security #** _____

Name of Partner (Partnership) _____

Address _____ **Telephone** _____

Birth date _____ **Social Security #** _____

Is a copy of Partnership Agreement Attached? Yes No On File

Name of Corporation _____

Address _____ **Telephone** _____

LIST CORPORATE OFFICERS BELOW (ATTACH ADDITIONAL INFORMATION SHEET IF NEEDED)

Officer & Position	Address City, St, Zip	Social Security #	D.O.B.	Stock % Owned	Phone Number
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Spouse & Position _____

Officer & Position

Spouse & Position

Articles of Incorporation attached? YES NO ON FILE

By-laws of Corporation attached? YES NO ON FILE

Date and State of Incorporation _____

Date filed with Register of Deeds: _____

PLEASE ANSWER EACH QUESTION ABOUT EACH OWNER, OFFICER, PARTNER, OR EMPLOYEE.

Does any Owner, Officer, Partner, or Employee have a record of arrest(s) or conviction(s). YES NO

If yes, list each:

Are all Owners, Officers, and Partners citizens of the United States? YES NO

Has any Owner, Officer, Partner, or Employee ever used any aliases or nicknames? YES NO
If yes, list each name.

RESIDENT AGENT INFORMATION (if applicant is not a resident of Kansas)

Name _____

Address _____

Birth date _____ Social Security # _____ Telephone _____

No license to engage in the private security business will be issued unless the applicant meets the following standards. If the applicant is an organization, each of its officers, directors, partners, or associates must meet the following standards.

1. The applicant is at least 18 years of age.
2. The applicant has not been convicted of a felony or of an offense of moral turpitude.

INSURANCE REQUIREMENT

Applicant has provided certificate of liability insurance of at least \$500,000.00 for all damages arising out of bodily injury, including death, and all property damage sustained by any one person in any one accident; and contain a provision for continuing liability under the policy to the full amount of the policy notwithstanding any recovery.

The applicant agrees the city shall be an additional named insured on the aforementioned insurance policy, as required by ordinance for the completion of this license and has provided a certificate of insurance indicating such coverage.

PERSONAL OATH

**STATE OF KANSAS)
COUNTY OF)**

I _____, the above-named applicant, being first duly sworn, upon oath deposes, that he or she is the authorized agent of the above named organization; that he or she has read the above information sheet and the attached information sheet; knows the contents thereof and that all statements therein contained are true.

Signature of Applicant

**Subscribed in my presence and sworn to before me this _____ Day
of _____, 20 _____**

Notary Public