

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** a License and payment of the Occupation Tax are necessary, and that separate applications and fees are necessary for each.

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 2023

01-02 GUARDS	\$177.00
03-10 GUARDS	359.00
11-20 GUARDS	536.00
21-40 GUARDS	930.00
41-60 GUARDS	1,216.00
61 + GUARDS	1,604.00

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.

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. **PERMITS** are **\$50.00** each .



UNIFIED GOVERNMENT
LICENSE DIVISION
NEIGHBORHOOD RESOURCE CENTER
4953 State Avenue
Kansas City, Kansas 66102
Phillip E. Henderson , License Administrator
913-573-8780 Fax 913-573-8736



**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 <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Articles of Incorporation /Bylaws Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Copy of Partnership Agreement Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
2 Photographs & Thumbprint Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Photo of Guard's Uniforms	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Copy of Joint Venture Agreement Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Insurance Certificate Attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
License Fee of <u>\$100.00</u> is paid.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
License Expiration Date:_____			

Number of Security Guard Permits to be issued:_____

FOR OFFICE USE ONLY

Business License Number _____ Renewal ☐ New ☐

Tax Receipt Number _____ Expiration Date _____

License Receipt Number _____ Expiration Date _____

Disposition: Mailed:_____Picked Up:_____Delivered:_____

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	D.O.B.	Social Security #	Stock % Owned	Phone Number
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Spouse & Position

Officer & Position

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?
If yes, list each name. YES ☐ NO ☐

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. Applicant is at least 18 years of age.**
- 2. Applicant has not been convicted of a felony or of an offense of moral turpitude.**
- 3. Applicant has not been convicted of a crime of carrying or possessing a dangerous weapon within ten (10) years immediately prior to the date of this application.**
- 4. Applicant has not been refused a license under this ordinance or had a license revoke or suspended under a similar law of any other jurisdiction.**
- 5. Applicant has not been convicted of the offense of impersonating, or permitting or aiding and abetting a person to impersonate, a law enforcement officer.**
- 6. Applicant does not have active warrants filed against them in any jurisdiction.**
- 7. Applicant has not been denied a permit or had a permit revoked or suspended under this chapter during the five-year period immediately before the date of application.**
- 8. Applicant has not provided false information on the application.**
- 9. Applicant does not employ any person as a security officer who does not have a current city permit.**

EMPLOYEE INFORMATION

(ATTACH ADDITIONAL INFORMATION SHEET IF NEEDED)

List all personnel, including the Manager, who will be issued a Guard Permit.

PLEASE PRINT LEGIBLY.

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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