



**TOWN OF GARDEN CITY, COLORADO
PRIVATE SECURITY SERVICE APPLICATION
EMPLOYEE/AGENT**

Issued on: _____

Expires on: _____

Destroy on: _____

In order to be processed, this application must be completely filled out and all applicable fees attached. Processing time for this private security service application is five (5) business days.

Fee \$25 New Application Renewal

Name: _____ Date of Birth: _____

Address: _____ Telephone No.:(____) _____

City: _____ State: _____ Zip: _____

Social Security No.: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Name, address and phone number of firm employing applicant:

Does applicant have a current license issued by Evans, Fort Collins, Greeley or Loveland? _____

Employment for the past ten years:

COMPANY	ADDRESS	CITY	STATE	DATES

(Attach any additional pages, if necessary)

YOU MUST COMPLETE BOTH SIDES OF THIS APPLICATION

* current badge from Greeley, Evans, Loveland, Fort Collins or a Marijuana Enforcement (MED) badge

Please complete the following:

Have you **ever** been convicted of a felony, misdemeanor, or ordinance violation? Yes No _____

If yes, list conviction and year: _____

A prior conviction does not automatically deny your application. Providing false information on this application is grounds for denial of the permit and possible criminal prosecution.

Have you ever had an application for security service employee or agent denied? Yes No _____

If yes, explain: _____

Applicant's Signature

Date

Armed Guard Applicants Only

The applicant's employer must request, in writing, that the applicant be licensed to carry a firearm as part of employment. Complete the following:

Firearm furnished by: _____

Make: _____ Model: _____ Caliber: _____ Serial #: _____ If you

furnish your own firearm, how long have you owned it? _____

Attach evidence of satisfactory completion of an approved sixteen (16) hour training course or acceptable equivalent (renewal application requires four (4) hours of refresher firearms training).

Approved: _____

Date: _____

Administrative Action

Background Check Acknowledgement signed Copy of ID attached

Background Check Completed on _____ by _____

Background Check Clear

Background Check Denied due to: _____

Approved: _____

Date: _____