

# CITY OF ALAMOSA

## CONTRACT SECURITY SERVICE/SECURITY GUARD LICENSE APPLICATION

**NOTICE:** This provides basic information which is necessary for eligibility investigation. All questions must be answered in their entirety. Every answer may be verified for its truthfulness. Incomplete, inaccurate, or misleading information will jeopardize this application. You may attach additional sheets if necessary.

Name of Applicant

\_\_\_\_\_  
 (Last, middle, first) Date of Birth Social Security No.

\_\_\_\_\_  
 Address City State Zip Telephone No.

\_\_\_\_\_  
 Mailing Address (if different)

\_\_\_\_\_  
 Business Name Employer I.D. No.

\_\_\_\_\_  
 Business Address City State Zip Business Telephone No.

\_\_\_\_\_  
 Employed By (if other than Applicant)

\_\_\_\_\_  
 Address City State Zip Telephone No.

**Provide the following information for: each individual applicant; all general and limited partners; all officers and directors of a corporation; all limited liability company members; and all persons to be employed in the City of Alamosa.**

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Within the past 10 years, have you or any of the persons listed above been convicted of any felony, misdemeanor, or ordinance violation (other than minor traffic violations)? If yes, describe the nature of the offense; the penalty or punishment imposed; and the date and place where such event occurred:

Yes  No

\_\_\_\_\_  
 \_\_\_\_\_

Within the past 10 years, have you or any of the persons listed above ever had a judgment (either criminal or civil) entered against him/her for fraud, deceit, or misrepresentation? If yes, describe in detail.

Yes  No

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Have you or any of the persons listed above been declared by any court incompetent by reason of mental defect or disease?

Yes  No

If yes, has competency been restored?

Yes  No

Are you or any of the persons listed above an habitual drunkard or addicted to or dependent upon any drugs?

Yes  No

Do any of the persons listed above suffer from any physical or mental condition or impairment such that the performance of the functions of a security guard would jeopardize the health, safety or welfare of any person?

Yes  No

**List the following information for ALL shareholders if applicant is a corporation.**

<u>NAME</u>	<u>% OF STOCK OWNED</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List the applicant's business and/or employment history for the past ten years.**

<u>BEGINNING DATE</u>	<u>ENDING DATE</u>	<u>EMPLOYER OR BUSINESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Describe the nature and type of business to be conducted, the services to be offered, and the area to be covered in the conduct of the business:**

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**List the vehicles and equipment to be used in the business.**

<u>VEHICLE OR EQUIPMENT TYPE AND DESCRIPTION</u>	<u>QUANTITY</u>

**Please attach the following:**

- Three (3) letters certifying to the good character and business responsibility of the applicant and/or local employees.
- **FOR SECURITY GUARDS ONLY:** A certificate of a licensed physician reciting that the applicant has been examined within sixty (60) days prior to the date of application and was found to be free from any defects which would affect his/her ability to satisfactorily perform the duties required by his/her employer ;
- A current photograph of each person;
- Fingerprints taken by the Alamosa Police Department;
- Document(s) that establish US Citizenship or resident alien status;
- Certificate of insurance as required in City of Alamosa Code of Ordinance Section 10-195;
- Bond as required in City of Alamosa Code of Ordinance Section 10-204.

**OATH OF APPLICANT**

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge.

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Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Submit this form and \$200.00 Application fee to:**

City Clerk's Office  
City of Alamosa  
425 Fourth Street / POB 419  
Alamosa, CO 81101