



DENVER
THE MILE HIGH CITY

City and County of Denver
DEPARTMENT OF EXCISE AND LICENSES
201 West Colfax Avenue, Dept. 206
Denver, Colorado 80202
Telephone: 720/865-2740

APPLICATION FOR LICENSE
MERCHANT GUARD AGENT OR EMPLOYEE, BUSINESS OR INDUSTRIAL GUARD

1. Name: _____
Last First Middle

2. Address _____
Number Street City State Zip

3. Telephone: _____ Social Security Number _____

4. Date of birth _____ Place of Birth _____
MM DD YR City State Country

Height _____ ft _____ in. Weight _____ lbs Eye Color _____ Hair Color _____

5. List of Residences for the Past Five Years:

Dates:		Street Address	City	State
From	To			

6. Employment Record for the Past Ten Years:

Employers Name and Address	Dates	Reason for Leaving

Attach additional sheet if necessary

7. By whom will you be employed?

Name Address

State precisely the nature of the services to be rendered or duties you will perform:

8. Have you ever been convicted of a felony, misdemeanor or ordinance violation in ANY state (other than traffic violations)? YES NO If yes, explain the nature of the offense, the penalty imposed, and the date and place where the offense occurred. _____

9. Have you ever had, or is there now pending against you, a judgement or conviction for fraud, deceit or misrepresentation? YES NO If yes, give full details:

NOTE: Three letters of reference and a medical statement must be submitted with this application.

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. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Denver Revised Municipal Code and all Rules and Regulations which govern my Merchant Guard Agent or Employee, Business or Industrial Guard License.		
Authorized Signature:	Title	Date

(Revised January 2008)