



BUSINESS LICENSE APPLICATION

DETECTIVE BUSINESS/AGENCY PATROL OR GUARD BUSINESS/AGENCY

ANNUAL/NONREFUNDABLE LICENSE FEE: \$140.00

LICENSE # _____

DETECTIVE BUSINESS/AGENCY

PATROL OR GUARD BUSINESS/AGENCY

Change of Location Fee: \$30

This application is for a license to engage in, establish or conduct a business as follows: Detective business, detective agency, private detective, patrol or guard service business, patrol or guard service agency, patrolman or guard, receiving compensation directly or indirectly for services (As defined by City Code, Title 5, Chapters 5.04, 5.08, 5.48, Ordinance No. 2996).

*Please note - background checks will be conducted by the Police Department

ATTACH THE FOLLOWING:

- _____ Security Bond in the amount of \$10,000 executed by a company authorized to do business in the state of Wyoming, wherein applicant shall be named principal, with any sureties listed and to be approved by the City Clerk.
- _____ For Patrol or Guard Business/Agency proof of general liability insurance with minimum limits of \$100,000 per occurrence and \$200,000 annual aggregate limit.
- _____ If a Corporation, Limited Liability Company, or legal Partnership, attach a copy of the Certificate of Incorporation or applicable documents filed with the Secretary of State's Office.
- _____ Proof of age of majority (i.e. driver's license)
- _____ Recent photograph of the applicant

NAME OF APPLICANT: _____

BUSINESS NAME: _____

BUSINESS ADDRESS/CITY/STATE/ZIP: _____ ZONE: _____

MAILING ADDRESS (if different from above): _____

BUSINESS TELEPHONE #: _____

HAS THE APPLICANT EVER HAD A BUSINESS LICENSE, PERMIT OR APPLICATION OF THIS NATURE REVOKED OR SUSPENDED OR DENIED? If so, provide date(s), locations(s) and reason(s) for suspension, revocation or denial.

HAS APPLICANT, INCLUDING ANY OFFICER, STOCKHOLDER, PARTNER OR PROPOSED MANAGER, EVER BEEN CONVICTED OF A CRIME OTHER THAN A MISDEMEANOR TRAFFIC OFFENSE? YES NO

If so, provide dates, location and nature of conviction: _____

PROPOSED BUSINESS WILL BE CONDUCTED AS:

- INDIVIDUAL LIMITED LIABILITY COMPANY PARTNERSHIP CORPORATION

FILL OUT THE SECTION BELOW APPROPRIATE TO HOW BUSINESS WILL BE CONDUCTED:

INDIVIDUAL:

NAME: _____
(Last) (First) (Middle)

ALIAS NAMES: _____

RESIDENCE ADDRESS: _____
(City) (State) (Zip)

HOW LONG AT ABOVE ADDRESS: _____ TELEPHONE #: _____

DATE OF BIRTH: _____ ARE YOU A CITIZEN OF THE UNITED STATES? _____

HOW LONG HAVE YOU RESIDED IN WYOMING? _____

PARTNERSHIP:

NAME OF PARTNERSHIP: _____

PROVIDE THE FOLLOWING INFORMATION PER PARTNER:

Name	Resident Address	Date of Birth	Citizen of U.S.? Y/N	Years in Wyoming?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If needed, attach sheet to provide additional information.

CORPORATION:

NAME OF CORPORATION: _____

IS CORPORATION QUALIFIED TO DO BUSINESS IN WYOMING?: YES NO

DATE OF INCORPORATION: _____

PROVIDE THE FOLLOWING INFORMATION PER CORPORATE OFFICER AND/OR STOCKHOLDER:

Name	Resident Address	Corporate Position	Date of Birth	Citizen of U.S.? Y/N	Years in Wyoming?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If needed, attach sheet to provide additional information.

LIMITED LIABILITY COMPANY (LLC):

NAME OF COMPANY: _____

IS COMPANY QUALIFIED TO DO BUSINESS IN WYOMING?: YES NO

DATE OF FILING WITH SECRETARY OF STATE'S OFFICE: _____

PROVIDE THE FOLLOWING INFORMATION PER LIMITED LIABILITY OFFICER, MANAGER OR MEMBER:

Name	Resident Address	LLC Position	Date of Birth	Citizen of U.S.? Y/N	Years in Wyoming?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If needed, attach sheet to provide additional information.

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the City of Cheyenne and its agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with the rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

(Requires signatures by ALL individuals, ALL Partners, TWO (2) Corporate Officers/Directors, or TWO (2) LLC Members depending on how you are conducting business)

1. _____

2. _____

3. _____

4. _____

Date

This application is available in alternative, accessible formats upon request.

APPROVALS:

The City Clerk will provide written approval only after all other approvals have been obtained. The City Clerk's staff will acquire all approvals for applicants.

Police Department: _____
(415 W. 18th St./637-6535)

Zoning Department: _____
(2101 O'Neil Ave., Room 202/637-6282)

Risk Manager: _____
(2101 O'Neil Ave., Room 304/637-6335)

City Clerk: _____
(2101 O'Neil Ave., Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE:

BY: _____

M/R # _____ FEE PAID \$ _____ DATE PAID: _____ DATE ISSUED: _____

TERM OF LICENSE: _____

COMMENTS: _____
