



MERCHANT PATROL BUSINESS LICENSE APPLICATION

To obtain a Merchant Patrol Business License in the City of Greenwood Village, the following application must be completed in full. Additional documents are required to support this application.

Business Name: _____

Business Address: _____

Business Phone Number: _____

Business Email Address: _____

Applicant Information:

If the applicant is a corporation, partnership, association or limited liability company, the applicant must list all Officers, Directors, General Partners and Managing Members. In addition, applicant must list any stockholders, partners or members with ownership of 10% or more in the business.

Applicant Name: _____

Applicant Address: _____

City, State, Zip: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Date of Birth, Place of Birth: _____

Applicant Driver's License Number/State Issued: _____, _____

Applicant Social Number: _____

% Owned: _____

Applicant Resident History for last three years:

Street Address: _____

City, State, Zip Code: _____

Date (From/To): _____

Street Address _____

City, State, Zip Code _____

Date (From/To): _____

Additional Owner, Officers, Directors, General Partners and Managing Members:

Name: _____

Applicant Address: _____

City, State, Zip: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Date of Birth, Place of Birth: _____

Applicant Driver's License Number/State Issued: _____, _____

Applicant Social Number: _____

% Owned: _____

Additional Owner, Officers, Directors, General Partners and Managing Members Resident History for last three years:

Street Address: _____

City, State, Zip Code: _____

Date (From/To): _____

Street Address _____

City, State, Zip Code _____

Date (From/To): _____

Additional Owner, Officers, Directors, General Partners and Managing Members:

Name: _____

Applicant Address: _____

City, State, Zip: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Date of Birth, Place of Birth: _____

Applicant Driver's License Number/State Issued: _____, _____

Applicant Social Number: _____

% Owned: _____

Additional Owner, Officers, Directors, General Partners and Managing Members Resident History for last three years:

Street Address: _____

City, State, Zip Code: _____

Date (From/To): _____

Street Address _____

City, State, Zip Code _____

Date (From/To): _____

Additional Owner, Officers, Directors, General Partners and Managing Members:

Name: _____

Applicant Address: _____

City, State, Zip: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Date of Birth, Place of Birth: _____

Applicant Driver's License Number/State Issued: _____, _____

Applicant Social Number: _____

% Owned: _____

Additional Owner, Officers, Directors, General Partners and Managing Members Resident History for last three years:

Street Address: _____

City, State, Zip Code: _____

Date (From/To): _____

Street Address _____

City, State, Zip Code _____

Date (From/To): _____

Additional Owner, Officers, Directors, General Partners and Managing Members:

Name: _____

Applicant Address: _____

City, State, Zip: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Date of Birth, Place of Birth: _____

Applicant Driver's License Number/State Issued: _____, _____

Applicant Social Number: _____

% Owned: _____

Name: _____ Date of Birth: _____

Firearm Information: _____

Make Model Caliber

Barrel Length Serial Number

Name: _____ Date of Birth: _____

Firearm Information: _____

Make Model Caliber

Barrel Length Serial Number

Name: _____ Date of Birth: _____

Firearm Information: _____

Make Model Caliber

Barrel Length Serial Number

Name: _____ Date of Birth: _____

Firearm Information: _____

Make Model Caliber

Barrel Length Serial Number

Attach additional sheet(s) if necessary

The City of Greenwood Village must be notified within 3 days of any employee termination and or removal/replacement of a firearm by an employee/management.

References

List three (3) character references that currently use your services:

| | | |
|--------------|-----------|------------------|
| Company Name | Telephone | Years of Service |
|--------------|-----------|------------------|

| | | |
|--------------|-----------|------------------|
| Company Name | Telephone | Years of Service |
|--------------|-----------|------------------|

| | | |
|--------------|-----------|------------------|
| Company Name | Telephone | Years of Service |
|--------------|-----------|------------------|

Signature of Applicant (C.E.O./Owner)

PLEASE NOTE THAT THIS APPLICATION WILL BE RETURNED IF FOUND TO BE INCOMPLETE.

Please attach a copy of your Certificate of Insurance and your Surety Bond.