



APPLICATION FOR MERCHANT PATROL BUSINESS LICENSE

PLEASE FILL OUT THE NECESSARY INFORMATION ON THIS APPLICATION AND ATTACH A COPY OF YOUR CERTIFICATE OF INSURANCE, LISTING THE CITY OF GREENWOOD VILLAGE AS "ADDITIONALLY INSURED" AND YOUR SURETY BOND

DATE

COMPANY NAME

OWNERS, MEMBERS, PARTNERS, OFFICERS, DIRECTORS OR HOLDERS OF MORE THAN 10% OF THE COMPANY STOCK (Attach an additional list if necessary).

BUSINESS ADDRESS

CITY, STATE & ZIP

TELEPHONE NUMBER

HOME ADDRESS

CITY, STATE & ZIP

TELEPHONE NUMBER

PLACE OF BIRTH (CITY/STATE)

DATE OF BIRTH

AGE

SOCIAL SECURITY NUMBER

RACE

SEX

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

DRIVER'S LICENSE NUMBER

STATE OF ISSUE

List Three (3) character references that currently use your services.

Company Name	Telephone	Years of Service
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Company Name	Telephone	Years of Service
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Company Name	Telephone	Years of Service
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Signature of Applicant (C.E.O./OWNER)	DATE
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