



## LOUISVILLE METRO GOVERNMENT

Department of Codes and Regulations  
License & Permit Division  
444 South Fifth Street  
Louisville, KY 40202-4314  
(502) 574-3591

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### ARMED SECURITY AGENCY / COMPANY APPLICATION

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Is Applicant: Corporation  Limited Liability Corp  Partnership  Sole Proprietor  Other

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

If Incorporated, Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Please attach a certificate of existence or a certificate of authorization from the Kentucky Secretary of State

Is the corporation licensed in any other states?  Yes  No

Please list the states where licensed. \_\_\_\_\_

D/B/A \_\_\_\_\_

Local Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Title: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Is the Agent for Service the same as the Contact for the local office?  Yes  No

Agent for Service \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Title: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Number of Employees at this location: \_\_\_\_\_

Number of Armed Guards: \_\_\_\_\_ Number of Unarmed Guards: \_\_\_\_\_

**INSURANCE**

Insurer's Name \_\_\_\_\_

Policy No \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(An ACORD must be provided & up-dated as needed)

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_

Are you at least 21 years of age? Yes \_\_\_ No \_\_\_

If you served in the U.S. military, did you receive an honorable discharge?  
(If not, please explain using back of application if needed.) Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

Have you ever been arrested for/convicted of domestic violence? Yes \_\_\_ No \_\_\_

Have you had any previous charges relating to the improper use of a weapon? Yes \_\_\_ No \_\_\_

Have you been hospitalized for psychiatric treatment or for drug or alcohol  
abuse treatment within the last two years? Yes \_\_\_ No \_\_\_

I hereby affirm that the statements contained in this application are true and correct to the best of my knowledge. I understand that falsification; misrepresentation or omission of any information asked for on this application will result in denial of my application. Or, if detected later, the invalidating of any issued license. I understand that I must notify the DIPL within 72 hours whenever the information required above changes.

\_\_\_\_\_  
Applicant's signature

I \_\_\_\_\_, a Kentucky Notary Public, for acts performed in or outside

Kentucky for recordation in Kentucky; my commission expires: \_\_\_\_\_.

Return To: Department of Codes & Regulations  
Division of Permits & Licenses  
444 South Fifth Street  
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AGENCY NAME: \_\_\_\_\_  
CORPORATE ADDENDUM

Please list the officers or Board Members, or Administrative Officers

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_