



<i>For Office Use Only:</i>	
AC	_____
Lic	_____
New	_____
Renewal	_____

**Armed Security  
COMPANY APPLICATION**

**DEPARTMENT OF INSPECTIONS, PERMITS & LICENSES  
DIVISION OF LICENSING & PERMITS**

Metro Development Center  
444 South Fifth Street  
Louisville, KY 40202-4314  
**(502) 574-3591**

NAME OF COMPANY \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP \_\_\_\_\_ ASSN \_\_\_\_\_ OTHER \_\_\_\_\_

DOING BUSINESS AS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ REVENUE COMMISSION NO. \_\_\_\_\_

IF INCORPORATED, STATE WHERE INCORPORATED \_\_\_\_\_

PRINCIPAL OFFICE CONTACT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

*I, THE UNDERSIGNED, STATE UNDER OATH THAT THE INFORMATION PROVIDED IN THE FORGOING APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT IT WILL BE UPDATED IMMEDIATELY UPON CHANGE.*

\_\_\_\_\_  
SIGNATURE DATE

SUBSCRIBED AND SWORN BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC DATE MY COMMISSION EXPIRES

**PLEASE RETURN APPLICATION WITH THE FOLLOWING INFORMATION:**

- ✓ CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$100,000 PROPERTY DAMAGES, \$1,000,000 FOR INJURY OR DEATH OF ONE PERSON, AND \$3,000,000 FOR INJURY OR DEATH OF MORE THAN ONE PERSON PER INCIDENT ARISING OUT OF THE EMPLOYMENT OF ARMED SECURITY OFFICERS.

(REVISED 4/14/2005)