



Application for Merchant Patrol License

Year/Receipt#

Applicant's Name _____ Contact Phone _____

Address _____ City _____ State _____ Zip _____

Previous Home Address _____ City _____ State _____ Zip _____

Driver's License State & # _____ Height _____ Weight _____ Sex _____ Hair Color _____ Eye Color _____

Place of Birth City _____ State _____ Age _____ Date of Birth _____

Security Agency working for _____

Security Provided at _____

All occupations for the past five (5) years _____

Have you ever been convicted of a felony? No _____ Yes _____

If "Yes", Where _____ When _____

I, _____, the undersigned applicant, upon oath state that I have read the foregoing application, know the contents thereof, and the matters and things therein stated are true

Applicant Signature

Police Department Use Only			
Approved	Disapproved	Officer	Date

*Application is to be turned into City Clerk 125 East Ave B; karenw@hutchgov.com