



# Dacono<sup>SM</sup>

## Application for Security Service License

City of Dacono  
512 Cherry Street  
Dacono, CO 80514  
Phone: 303.833.2317  
cityofdacono.com

The under signed hereby makes application for a license to the City of Dacono, Colorado and agrees to adhere to the City ordinances with the understanding that they may revoke the license if the ordinances are not complied with or the information is found untrue.

Date: \_\_\_\_\_ New License: \_\_\_\_\_ Renewal: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Mailing Address: (If Different) \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

The following must be completed for all owners or if a corporation for all officers.

NAME: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RES. ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

S.S. # \_\_\_\_\_ DOB: \_\_\_\_\_ D.L.# \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this a branch of another Company? \_\_\_\_\_

Main Company Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**One person designated as license signatory. This person shall be the Company's correspondent with the City of Dacono for all matters.**

NAME: \_\_\_\_\_

RES. ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

**Has any person listed above ever been convicted of a felony or other crime involving violence against anyone, moral turpitude, narcotic or dangerous drugs or controlled substance? If yes, please attach a detailed explanation.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Describe the nature and type of security services to be provided, the area of coverage within the City, and the maximum number of agents it will engage:**

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**List each vehicle and license number. Describe vehicle identification logos or markings and any type of security equipment to be used in conjunction with the vehicles.**

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**Describe all other equipment to be used in conjunction with the provision of security services such as:** Type of uniforms and any identification logos or markings. Type of equipment to be used as the radio communications system and all frequencies to be used. Type of weapons and restraining or control devices to be used. Animals, if any, to be trained or used for guard or K-9 purposes.

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Has any professional license of any person identified in this application ever been revoked or suspended, and if so, the nature of the license, the entity the revoked or suspended the license and the reason for the revocation or suspension.

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**The following is also required in order to be licensed by the City of Dacono:**

**Two (2) sets of inked fingerprint cards of each person named in this application.**

**PROOF OF LIABILITY INSURANCE MUST BE ATTACHED WITH APPLICATION.**

**PLEASE READ THE FOLLOWING**

- 1.) I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true, correct and complete.
  
- 2.) I swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):  
 I am a United States citizen, or  
 I am a Permanent Resident of the United States, or  
 I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

**I declare under the penalty of perjury, the information given herein is accurate to the best of my knowledge and belief.**

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

For City's Use Only:

Fee: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_