



**SECURITY GUARD LICENSE APPLICATION**  
**CITY of CAPE GIRARDEAU**

CUSTOMER SERVICE OFFICE, 401 INDEPENDENCE ST., CAPE GIRARDEAU, MO 63703, 573-339-6322

**All questions on this application must be answered completely. Answers must be typed or legibly printed. Where necessary, respond on a separate document. A background check must accompany this application. Visit [www.machs.mshp.dps.mo.gov](http://www.machs.mshp.dps.mo.gov) to obtain your background check.**

Name		Phone		
Address		Place of Employment		
City, State, Zip		Letter of Employment Attached YES                      NO		
Social Security Number -                      -		Date of Birth		
Hair Color	Eye Color	Weight	Height	Blood Type
Applicant's Police Record (if any)				

**Application fee: \$40**

**FALSIFICATION OF ANY INFORMATION LISTED ABOVE CAN RESULT IN REVOCATION OF YOUR LICENSE AS A SECURITY GUARD. THE \$40 DEPOSIT WILL NOT BE REFUNDED BUT UPON APPROVAL WILL BE APPLIED TOWARD YOUR LICENSE.**

**RETURN APPLICATION TO:**

**CITY OF CAPE GIRARDEAU  
P. O. BOX 617  
CAPE GIRARDEAU, MO 63702-0617**

\_\_\_\_\_   
Applicant's Signature

\_\_\_\_\_   
Date