



# CITY OF CAÑON CITY

**City Clerk**

P.O. Box 1460 • 128 Main Street  
Cañon City, CO 81215-1460  
(719) 269-9011 • [www.canoncity.gov](http://www.canoncity.gov)

## Security Guard Services License:

☐ **New License** ☐ **Renewal License**

Applications must be completed in full. Return applications to the City Clerk.

### Applicant Information

Business Name:	Business Physical Address
Applicant Name:	Business Mailing Address:
Business Phone Number with Area Code:	Business E-mail address:
Location(s) Security Guards will be employed:	Local Contact Manager: (Name and Phone number)

### Checklist of required items:

- \_\_\_\_\_ **Application**
- \_\_\_\_\_ **Fee (\$100 new/\$50 renewal Security Guard Service)**
- \_\_\_\_\_ **Bond running to the City in the sum of \$5,000 with good and sufficient Sureties**
- \_\_\_\_\_ **Liability Insurance in the sum of \$100,000 with the City of Cañon City named as an additional insured.**
- \_\_\_\_\_ **Color copy of Security Guard Services Badge**

**Please write below or provide a typed list of Security Guards working at a Cañon City location: List must include First and Last Name, Age, Work Location, and if they will be armed. If armed, proof of accepted certification must be included.**

<b>Last Name</b>	<b>First Name</b>	<b>Age</b>	<b>Work Location</b>	<b>Armed: (Y/N)</b>

**Statement of Release and Affirmation:**

I hereby authorize the City of Cañon City to investigate my background and qualifications for purposes of determining whether I am qualified for the business license for which I am applying.

By submitting this application, I understand and acknowledge that the City Clerk's Office may request other relevant information in connection with this application. Failure to provide the requested information may result in denial of this application. I also acknowledge and understand that the City Clerk's Office cannot accept an application unless it is accompanied by the required fees and documentation.

I declare under penalty of perjury that this application and all attachments are true, correct and complete to the best of my knowledge and that I have read and will adhere to and will require my employees to adhere to all regulations set forth herein and within the Cañon City Municipal Code Title 5 governing Business Licensure.

Full Name Printed

Full Name Signature

Date:

Job Title:

Please return application and all required documents to: City of Cañon City, Attention City Clerk, P.O. Box 1460, Cañon City, CO 81215-1460. If you have any questions please call 719.276.5242 Thank You.

**All Business Licenses expire on December 31st of the year that it was issued.**