



Municipality of Anchorage
 OFFICE OF THE MUNICIPAL CLERK
 P.O. Box 196650 (632 W. 6th Ave., Ste. 250)
 Anchorage, Alaska 99519-6650

For Official Use Only
 License #: _____
 Date Issued: _____

PRIVATE DETECTIVE AGENCY LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE)

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)

Application Date: _____

I, _____, hereby make application for a New or Renewal PRIVATE DETECTIVE AGENCY LICENSE in accordance with Title 10 of the Anchorage Municipal Code for the 20____ - 20____ license years.

_____ (Initial) I have read and understand AMC 10.40 and will comply with all applicable requirements of Title 10.

Applicant's Name: _____ (Phone) _____

Applicant's Mailing Address: _____

Applicant's Street Address: _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____

Business Street Address: _____

E-mail Address: _____

PLEASE COMPLETE THE FOLLOWING:

1. Have you, within 2 years prior to this date, been convicted of a felony involving assault with a dangerous weapon? Yes No
2. Have you, within 1 year prior to this date, been convicted of a misdemeanor involving assault or dangerous weapons? Yes No
3. Have you, within 10 years prior to this date, been convicted of a crime involving moral turpitude, assault with a dangerous weapon, traffic in narcotics or dangerous drugs, or traffic in women for immoral purposes? Yes No
4. Are you addicted to narcotics, dangerous drugs or intoxicants? Yes No
 (If you answered "yes," please list all charges, date of charges, places of charges, and sentences or fines imposed:)

PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

- Work history (resume) of present and previous occupations including names and addresses of present and former employers.
- State of Alaska Background Check (received from the Department of Public Safety).
- State of Alaska Business License #: _____ Date Issued: _____ Expiration Date: _____

IF BUSINESS ENTITY, PLEASE COMPLETE:

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			

State of Alaska)
) ss:
 Third Judicial District)

_____, being duly sworn, deposes and says that they are the individual making the foregoing application and authorized agent for this business; that the answers to the questions and other statements contained in this application are true and complete to their knowledge.

Subscribed and Sworn to before me this _____ day of _____, 20_____.

 Signature of Applicant

 Notary Public
 My commission expires: _____

I.D. Furnished & #:	Fee Paid: \$	Cash:	Credit Card:	Check #:	Receipt #: