

Riverside, Missouri Department of Public Safety
Licensed Private Security Guard Application
(For Business)

Name of Business: _____

Business Address: _____

Business Telephone: (____) _____

Type of License(s) Applying For: Armed _____ Unarmed _____

Describe type of security work to be done and location(s): _____

Signature of Business Representative: _____

Date: _____

For Public Safety Use Only

Proof of Insurance: _____

Total Fee Paid (\$84): _____

Total Number of Licenses Issued: _____

Total Number of Licenses Denied: _____

Other DPS Comments: