



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

For Office Use Only	
License No.	_____
Date Issued	_____

**PRIVATE DETECTIVE AGENCY
 APPLICATION**
 (LICENSES ARE NOT TRANSFERABLE)

PLEASE PRINT OR TYPE INFORMATION

Application Date: _____

I, _____, hereby make application for a New or Renewed **PRIVATE DETECTIVE**

AGENCY LICENSE in accordance with Title 10 of the Anchorage Municipal Code for the 20_____, 20_____ license years.

Applicant's Name: _____ (Phone) _____

Applicant's Mailing Address: _____ (Zip) _____

Applicant's Street Address: _____ (Zip) _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____ (Zip) _____

Business Street Address: _____ (Zip) _____

THIS APPLICATION IS COMPLETE UPON SUBMITTAL OF EMPLOYMENT HISTORY-TO BE KEPT ON FILE AT CLERK'S OFFICE.

PLEASE COMPLETE THE FOLLOWING:

1. Have you, within 2 years previous to this date, been convicted of a felony involving assault with a dangerous weapon?
2. Have you, within 1 year previous to this date, been convicted of a misdemeanor involving assault or dangerous weapons?
3. Have you, within 10 years previous 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?
4. Are you addicted to narcotics, dangerous drugs or intoxicants?

(IF YOUR ANSWER IS "YES" TO QUESTIONS 1, 2, 3, OR 4, PLEASE LIST BELOW ALL CHARGES, DATES OF CHARGES, PLACE OF CHARGE AND SENTENCES OR FINES IMPOSED).

Note: State of Alaska business license is required.

State of Alaska Business License No. _____ Date Issued _____ Expiration date _____
 (Please attach a copy)

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 he/she is 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 his/her knowledge.

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

 Notary Public
 My commission expires: _____

FOR OFFICE USE ONLY				
I.D. Furnished and Number	Fee Paid: \$	Cash	Check No.	Receipt No.