



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 COMPLETE THE FOLLOWING INFORMATION: (Type or Print)

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.

_____ (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: _____

Email Address (required*): _____

**All correspondence regarding this application and subsequent license will be sent via provided email address.*

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? Yes No
2. Have you, within 1 year previous to this date, been convicted of a misdemeanor involving assault or dangerous weapons? Yes No
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? 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, place of charges, and sentences or fines imposed:

PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

- State of Alaska Business License #: _____ Date Issued: _____ Expiration Date: _____
- 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).

IF BUSINESS ENTITY, PLEASE COMPLETE:

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

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. **WARNING:** I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

 Signature of Applicant

 Date

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