



Neighborhoods Services Department

Regulated Industries Division

635 Woodland, Suite 2101 (816) 513-4561
Kansas City, Missouri 64106 Fax (816) 513-4595

Schedule P – Personal Data

(To be completed by the Designated Agent)

PLEASE PRINT OR TYPE - Attach additional paper if necessary

Name: _____ Maiden Name: _____

Home Address: _____
Street City State Zip

Business Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Business Name: _____

Business Address: _____
Street City State Zip

SSN: _____ Birth Place: _____ Birth Date: _____

1. Are you a U.S. citizen? [] Yes [] No Date and place of naturalization (if applicable): _____

2. Have you ever been arrested, indicted, or convicted for the violation of any federal or state law? [] Yes [] No
If yes, provide additional documentation and list all details.

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read this application and fully understand same and that I know the contents thereof and answers and statements contained therein and the same are true.

Signature

Date