



City Clerk's Office
 300 W. Ash, Rm. 206
 P.O. Box 736
 Salina, KS 67402-0736
 (785) 309-5735

For office use only:
Licensing Year: _____
License No.: _____
NEW _____ RENEWAL _____

APPLICATION FOR SURETY ON BAIL BOND SERVICE

Name of Business _____ Phone Number _____
 Business Address _____ Email Address _____

OWNER INFORMATION

Attach additional sheet if there is more than one owner

Name of Owner _____ Phone Number (____) _____

Residence Address _____ City _____ State _____ Zip Code _____

Are you a U. S. citizen? Yes No Date of birth ____/____/____

Will the owner be obtaining a bail bond agent license? Yes No If yes, an additional fee of \$37.00 will be added. No other agent application will be required for the licensing year.

Have you had any criminal convictions, including traffic infractions, within five (5) years of the application date? Yes No If yes, when, where and what offenses.

DATE	WHERE	OFFENSE

List any criminal convictions for which you are currently on diversion, probation or parole.

DATE	WHERE	OFFENSE

List any pending criminal charges, including traffic infractions.

DATE	COURT	OFFENSE

- ___ Attached A schedule of minimum and maximum fees to be charged by licensee.
- ___ Attached A letter of credit in the amount of \$10,000.
- ___ Attached A listing from each owner of any unsatisfied forfeitures or judgements thereon entered on any bail bond written by the owner or the firm in any court.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I understand that misrepresenting the facts in this application will result in the denial of this application or suspension or revocation of an issued license.

Date _____ Signature _____

For Office Use Only:

Bail Bond Service \$ _____ + _____ No. of owners as agents x \$ _____ = Total Amount Paid \$ _____
Receipt No. _____ Date _____ Received by: _____

The above individual was fingerprinted by the Salina Police Department on _____, 20____.
The foregoing application is (approved/disapproved) by the Police Department.

Date _____
_____ Police Department

The foregoing application (approved/disapproved) by the City Prosecutor.

Date _____
_____ City Prosecutor

The foregoing application (approved/disapproved) by the City Clerk.

Date _____
_____ City Clerk
