# IOWA DEPARTMENT OF PUBLIC SAFETY
# 215 East 7th Street, 4th Floor
# Des Moines, IA 50319

## BAIL ENFORCEMENT, PRIVATE INVESTIGATIVE OR PRIVATE SECURITY AGENCY LIMITED LIABILITY COMPANY

**PLEASE PRINT OR TYPE**

1. Name of Limited Liability Company: _____

2. Principal Place of Business (Corporate): _____
   (Street) (City) (State) (Zip)
   a. Principal Place of Business (Iowa): _____
   (Street) (City) (State) (Zip)
3. State of Limited Liability Company: _____
4. Attach a copy of your "Articles of Organization".
5. The name(s) and addresses of all members:
   (Name) (Address)

_____

_____

_____

_____

_____

_____

6. If not an Iowa Limited Liability Company, the Secretary of State issued a Certificate of Authority to do Business in Iowa on _____20___, Certificate Number _____

7. State following information on your agent for service of process:

   (a) Name: _____

   (b) Address: _____

   (c) Telephone: _____

**Immediately notify the department of any changes.**

I swear, affirm and certify that the information I provided to complete this form is accurate and correct and fully understand that any false statement herein may be sufficient cause not to issue this license or cause it to be revoked, if issued.

_____
Signature Date

_____
Title

Subscribed in my presence and sworn to before me on this _____day of _____ A. D._____

_____
Notary Public

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