

City of Coeur d'Alene Municipal Services Department 710 Mullan Avenue Coeur d'Alene, Idaho 83814 (208) 769-2229 kathylew@cdaid.org

Applicant Social Security or Tax ID Number:

City/State of Birth:

(Office Use Only) Amount Paid		
Receipt #		
Date		
License #		
Date Issued	Ву:	
Police Approval	Date	

New License and Renewal Private Detective Agency/Individual License Application Security Agency/Agent License Application

Expires Annually on December 31st Agency License Fee - \$60.00 Agent/Individual License Fee - \$30.00 per person **Check or Cash ONLY**

ALL NEW APPLICANTS ARE REQUIRED TO UNDERGO A CRIMINAL BACKGROUND CHECK through the

[] Sec	urity Agency License	[] Security Ag	ent License	
	A gonov Licono	- Foo \$60.0	00 (Appually)	
	Agency Licens (Agency Lic	cense covers age		
Company:			Phone:	
Mailing Address:			City/State/Zip:	
hysical Address:			City/State/Zip:	
ell:			Email:	
			(attach additional sheets if necessary):	
	CON	DOB:	Place of Birth:	
•	SSIN:			
			Place of Birth:	
•	SSN:	DOB:	Place of Birth:Place of Birth:	
•	SSN:SSN:SSN:SSN:	DOB: DOB: use - \$30.00 po	Place of Birth:er person (Annually)	
•	SSN:SSN:SSN:SSN:	DOB: DOB: use - \$30.00 po	Place of Birth:	
• Every Detective	SSN:SSN:SSN:SSN:	DOB: DOB: DOB: se - \$30.00 podividual license	Place of Birth: er person (Annually) e card from the City of Coeur d'Alene)	
•(Every Detective Company Name:	SSN:_SSN:_	DOB: DOB: se - \$30.00 pe	Place of Birth: er person (Annually) e card from the City of Coeur d'Alene)	

Email:_____

Date of Birth:

If a partnership, LLC or Corporation, list all officers and complete the information below for each

	ded, attach a separate pie	ece of paper with the requested information
on each individual:		
•		
•		
•		_
•		
List all previous addresses for	the past five years:	
•		
•		
•		
List previous employers and cit	ty name for past five years	rs:
•		<u> </u>
•		
•		
•		
Prior Arrest Record and Location		
Dete	Ol and	Discouling to
• Date:		•
• Date:		
• Date:	Charge:	Disposition:
listed on this application is complete	and true to the best of my know oeur d'Alene, the County of Koo	ars of age, of good repute and that the information by weldge, that I am qualified and meet the requirement ootenai, and the laws of the state of Idaho to receive a st applying for this license.
Applicant Signature	Dat	ate
Sworn to before me this	day of, 20	20
City Clerk		ate