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

(Office Use Only)
Amount Paid _____
Receipt # _____
Date _____
License #_____ _____
Date Issued _____ By:_____
Police Approval_____ Date_____

New License
Security Agency/Agent License Application

Expires Annually on December 31st
Agency License Fee - $60.00
Agent/Individual License Fee - $30.00 per person

- **ALL NEW APPLICANTS ARE REQUIRED TO UNDERGO A CRIMINAL BACKGROUND CHECK** through the City of Coeur d'Alene. (Must first complete paperwork and pay fees of $51.50 at City Hall).
- **Evidence of 5 years of Law Enforcement/employment in licensed agency to obtain agency license.**
- Check all that pertain. I am applying for:

[ ] Security Agency License [ ] Security Agent License

Agency License – Fee $60.00 (Annually)

(Agency License covers agency only)

Company:_____ Phone:_____

Mailing Address:_____ City/State/Zip:_____

Physical Address:_____ City/State/Zip:_____

Cell:_____ Email:_____

Company Owner – If partnership, LLC or Corporation, list all members (attach additional sheets if necessary):

- _____ SSN:_____ DOB:_____ Place of Birth:_____
- _____ SSN:_____ DOB:_____ Place of Birth:_____
- _____ SSN:_____ DOB:_____ Place of Birth:_____

Agent/Individual License - $30.00 per person (Annually)

(Every Detective/Agent must carry an individual license card from the City of Coeur d'Alene)

Company Name: _____

Applicant Name:_____ Phone:_____

Applicant Address:_____ Cell:_____

City/State/Zip:_____ Email:_____

Applicant Social Security or Tax ID Number: _____ Date of Birth: _____

City/State of Birth: _____

Complete the following information for all person(s) with the Agency or Individual License

If a partnership, LLC or Corporation, list all officers and complete the information below for each person. If further space is needed, attach a separate piece of paper with the requested information on each individual:

- _____
- _____
- _____
- _____

List all previous addresses for the past five years:

- _____
- _____
- _____
- _____

List previous employers and city name for past five years:

- _____
- _____
- _____
- _____

Prior Arrest Record and Location – include DUI & Reckless Driving (other than traffic):

- Date:_____ Charge: _____ Disposition:_____
- Date:_____ Charge: _____ Disposition:_____
- Date:_____ Charge: _____ Disposition:_____

I certify that I am a citizen of the United States, over twenty one years of age, of good repute and that the information listed on this application is complete and true to the best of my knowledge, that I am qualified and meet the requirements as per the Ordinance of the City of Coeur d'Alene, the County of Kootenai, and the laws of the state of Idaho to receive a license. If renewing, I certify there have been no changes since last applying for this license.

_____ _____
Applicant Signature Date

Sworn to before me this ____ day of _____, 20___.

_____ _____
City Clerk Date