

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

## **Private Detective Agency/Individual License Application**

Expires Annually on December 31<sup>st</sup>
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:

Г	1	Private Detective A	\aonov Liconco	[ ] Private Detective	Individual Licanca
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		<b>cense – Fee \$60</b> cy License covers ag	•	
Company:			Phone:	
Mailing Address:			City/State/Zip:	
Physical Address:			City/State/Zip:	
Cell:			Email:	
Company Owner – If	partnership, LLC or Corpora	ation, list all member	s (attach additional sheets if necessary):	
•	SSN:	DOB:	Place of Birth:	
•	SSN:	DOB:	Place of Birth:	
•	SSN:	DOB:	Place of Birth:	
, ,	_	an individual licen	per person (Annually) use card from the City of Coeur d'Alene)	
Applicant Name:			Phone:	
Applicant Address:			Cell:	
City/State/Zip:			Email:	
Applicant Social Security or Tax ID Number:			Date of Birth:	
City/State of Birth:				

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

on each individual:			
•			
•			
•			
List all previous addresses f	or the past five years	s:	
•			
_			
•			
•			
List previous employers and	city name for past f	ive years:	
•			
•			
•			
•			
Prior Arrest Record and Loc	ation – include DUI	& Reckless Driving	(other than traffic):
• Date:	Charge:		Disposition:
• Date:			<u> </u>
• Date:			Disposition:
listed on this application is comple	ete and true to the best of of Coeur d'Alene, the Cou	of my knowledge, that I unty of Kootenai, and t	good repute and that the information am qualified and meet the requirements he laws of the state of Idaho to receive a this license.
Applicant Signature	_	Date	
Sworn to before me this	day of	, 20	
City Clerk		Date	