



**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 \_\_\_\_\_

**Renewal**  
**Private Detective Agency/Individual License Application**  
**Expires Annually on December 31<sup>st</sup>**

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- **Agency License Fee - \$60.00**
  - **Agent/Individual License Fee - \$30.00 per person**
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- Check all that pertain. I am applying for:  
    ☐ Private Detective Agency License    ☐ Private Detective Individual License

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

Have you had any arrests and/or pending charges in the past year?    Yes \_\_\_\_    No \_\_\_\_

- 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