			(Office Use Only) Amount Paid	
	City of Coeur d'Alene		Receipt #	
	Municipal Services Depar	tment	Date	
	710 Mullan Avenue Coeur d'Alene, Idaho 83814 (208) 769-2229 kathylew@cdaid.org	14	License #	
Coeur d'Alene			Date Issued By:	
IDAHO			Police Approval Date	
	-	Renewal	anos Application	
	Security Agenc	y/Agent LICE Annually on Dece	ense Application	
	Expires /			
 Agency Li 	cense Fee - \$60.00	• Age	nt/Individual License Fee - \$30.00 per person	
Check all that p	pertain. I am applying for:			
[] Sec	urity Agency License	[] Security A	Agent License	
		nse – Fee \$60 , License covers ag		
Company:	(Ageney	-	Phone:	
			City/State/Zip:	
			City/State/Zip:	
			Email:	
			s (attach additional sheets if necessary):	
•	SSN:	DOB:	Place of Birth:	
			Place of Birth:	
(Europe Detection	-		per person (Annually)	
(Every Detectiv	/e/Agent must carry an	individual licen	se card from the City of Coeur d'Alene)	
Company Name:				
Applicant Name:			Phone:	
Applicant Address:			Cell:	
City/State/Zip:			Email:	
Applicant Social Securit	y or Tax ID Number:		Date of Birth:	
City/State of Birth:				
Have you had any arres	sts and/or pending charges i	n the past year?	Yes No	
• Date:	Cł	arge:	Disposition:	
listed on this application as per the Ordinance of	is complete and true to the	best of my knowle he County of Koot	of age, of good repute and that the information edge, that I am qualified and meet the requirements renai, and the laws of the state of Idaho to receive a applying for this license.	
Applicant Signature		Date		
Sworn to before me this	day of, 20			
City Clerk		Date		