



**APPLICATION FOR BUSINESS LICENSE FOR
PRIVATE INVESTIGATOR OR SECURITY GUARD AGENCY**



***** USING BLUE OR BLACK INK, COMPLETE EACH SECTION. *****
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

PRIVATE INVESTIGATOR AGENCY _____ SECURITY GUARD AGENCY _____

NEW _____ RENEWAL _____

NAME OF AGENCY/BUSINESS: _____

ADDRESS: _____
City
State
Zip
Phone & Cell

NAME OF OWNER, MANAGER OR REPRESENTATIVE OF LOCAL BUSINESS:

 Last First Middle Name (Previously Used Names)

ADDRESS _____
City
State
Zip
Phone

IS BUSINESS A BRANCH OF A COMPANY CONTROLLED FROM A CENTRAL OR HOME OFFICE
 LOCATED IN ANOTHER CITY? _____ IF YES, LIST ADDRESS:

ADDRESS: _____

NAME OF OWNER, OR IF BUSINESS IS A FIRM OR PARTNERSHIP, LIST FULL NAMES AND ADDRESS
 OF PERSONS HAVING A FINANCIAL INTEREST:

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

IF BUSINESS IS A CORPORATION, LIST NAMES AND ADDRESSES OF THE PRESIDENT,
 SECRETARY AND TREASURER

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

**UPON APPROVAL OF THIS APPLICATION, SUCH APPROVAL DOES NOT PROVIDE
 AUTHORIZATION FOR ANY REPRESENTATIVE OF THE COMPANY TO CARRY A CONCEALED
 FIREARM AT ANY TIME.**

PLEASE LIST ALL PRIVATE INVESTIGATORS OR SECURITY GUARDS WORKING IN POCATELLO FOR THIS BUSINESS:

NAME

INDICATE WHETHER EMPLOYEE CARRIES A FIREARM ON DUTY

ATTACH COPY OF CURRENT SURETY BOND.

IT MUST LIST NAME OF BONDING AGENCY, POLICY NUMBER, EXPIRATION DATE, AND BE TAKEN IN THE NAME OF THE PEOPLE OF THE CITY OF POCATELLO.

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESTATION OR FALSIFICAITON OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5.44 PRIVATE DETECTIVE AGENCIES, AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.

SIGNATURE OF APPLICANT: _____ Date: _____

*** NO REFUNDS AFTER SUBMISSION OF THIS APPLICATION ***

***** CITY USE ONLY BELOW*****

RECORDS CHECK COMPLETED BY: _____ DATE _____

RECOMMENDATION TO MAYOR /COUNCIL _____ APPROVE _____ DISAPPROVE

SIGNATURE OF POLICE: _____ DATE: _____

SIGNATURE OF CLERK: _____ DATE: _____

LICENSE # BL: _____

LICENSE # PL: _____

POLICE DEPARTMENT

Community Commitment

Scott L. Marchand, Chief of Police

911 North 7th Avenue • P.O. Box 2877 • Pocatello, ID 83206-2877 • (208) 234-6113 • Fax (208) 234-6290
www.pocatello.us/police

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Pocatello, Idaho Police Department bearing this release, or a copy thereof, within one year of its date, to conduct a fingerprint-based, nationwide criminal history background check and obtain any information regarding criminal history and driving record. I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Pocatello Police Department in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or regulation. I have been advised that the disclosure of my Social Security account number is necessary in order to facilitate the criminal history background check and driving record which relate to me. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____
(Include maiden name and former names if applicable.)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

TELEPHONE: _____ DATE: _____

SIGNATURE: _____

WITNESS SIGNATURE: _____