



## APPLICATION FOR PRIVATE PATROL OFFICER

Application Fee: \$40 (1-Year)

Garden City Code §§ 1-11, 3-1, 3-4

Fax No.: (208) 472-2996 E-mail Address: customerservice@gardencityidaho.org

### SECTION I – APPLICANT INFORMATION

NAME OF INDIVIDUAL:		
APPLICANT IS SEEKING TO OPERATE AS AN AGENT FOR ITS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF APPLICANT'S EMPLOYER:
ADDRESS OF APPLICANT:		
ADDRESS OF APPLICANT'S EMPLOYER:		
PERMIT(S) OR LICENSE(S) ISSUED TO APPLICANT HAVE BEEN REVOKED IN THE PRECEDING 5 YEARS: <input type="checkbox"/> Yes <input type="checkbox"/> No		APPLICANT HAS BEEN IN THE <u>LAST 5 YEARS</u> : <input type="checkbox"/> Forfeited Bail <input type="checkbox"/> Been Arrested <input type="checkbox"/> Been Convicted of a Misdemeanor or Felony <input type="checkbox"/> Been Incarcerated in Jail and/or Prison <input type="checkbox"/> Been Placed on Probation
APPLICANT PHONE NO.:	EMPLOYER PHONE NO.:	E-MAIL ADDRESS:

### SECTION II – ATTACHMENTS; APPLICANT ACKNOWLEDGMENT AND SIGNATURE

COPIES OF ALL LICENSES/PERMITS, FEES, AND OTHER APPLICABLE ATTACHMENTS MUST BE SUBMITTED WITH THIS APPLICATION.

Enlarged Copy of Driver's License of Applicant

Application Fee, if applicable

\$40

I hereby agree to indemnify the City of Garden City from the expenses of and against any and all suits, actions, claims, and losses of every kind, nature, and description, including costs, expenses and attorney fees that may be incurred by reason of any act, omission, neglect, or misconduct by myself, the sponsors of, and/or the participants in the uses, activities, and events described in this Application, except where such loss is attributable to the tortious conduct of the City of Garden City or its authorized agents.

I understand that failure to comply with Idaho Code, Garden City Code, and the terms and conditions of an approved Application is punishable by law and will result in the City revoking and refusing to renew any licenses and permits approved pursuant to this Application.

APPLICANT PRINTED NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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DATE OF RECEIPT OF <i>COMPLETE</i> APPLICATION:	
CHIEF OF POLICE	CITY CLERK
RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial	ACTION TAKEN: <input type="checkbox"/> Approval <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Denial
SIGNATURE:	SIGNATURE:
DATE:	DATE:
REASON(S) FOR DENIAL OR CONDITION(S) ON APPROVAL AND APPLICABLE CODE PROVISION(S):    	
LICENSE EFFECTIVE DATE(S) & HOURS OF OPERATION:	
FINAL COPIES SENT TO: <input type="checkbox"/> Applicant-Licensee <input type="checkbox"/> Springbrook File	