



**APPLICATION FOR PRIVATE PATROL SERVICE
 BUSINESS LICENSE**

APPLICANT INFORMATION:			
Name of Applicant: Last: _____	First: _____	Middle Initial: _____	
Physical Address: _____	City: _____	Zip: _____	
Mailing Address: _____	City: _____	Zip: _____	
Contact Phone Number: () - _____	Alternate Number: () - _____		
Driver's License Number: _____	Date of Birth: _____		

BUSINESS INFORMATION:			
Name of Business: _____			
Physical Address: _____	City: _____	State: _____	Zip: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____
Telephone Number: () - _____	Alternate Number: () - _____		

LIST RESIDENCE ADDRESS HISTORY FOR PAST FIVE (5) YEARS:			
From (Date): _____	To (Date): _____		
Address: _____	City: _____	State: _____	Zip: _____
From (Date): _____	To (Date): _____		
Address: _____	City: _____	State: _____	Zip: _____
From (Date): _____	To (Date): _____		
Address: _____	City: _____	State: _____	Zip: _____
From (Date): _____	To (Date): _____		
Address: _____	City: _____	State: _____	Zip: _____

Have you ever used another name: Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, list other names used including alias, nickname, married or maiden name: _____

BUSINESS/EMPLOYMENT HISTORY FOR PAST THREE (3) YEARS:			
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		
Business Name: _____	Address: _____		
City: _____	State: _____	Zip: _____	
From (Date): _____	To (Date): _____		



PROVIDE INFORMATION ON HOW AND WHERE BUSINESS WILL BE CONDUCTED:

IS THIS BUSINESS A PARTNERSHIP? Yes No If yes, provide information about each partner:

Name: First: _____	Last: _____
Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone Number: () -	Driver's License Number: _____

Name: First: _____	Last: _____
Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone Number: () -	Driver's License Number: _____

IS THIS BUSINESS A CORPORATION? Yes No If yes, attach a copy of the Articles of Incorporation and provide information about each officer of the corporation:

Name: First: _____	Last: _____
Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone Number: () -	Driver's License Number: _____

Name: First: _____	Last: _____
Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone Number: () -	Driver's License Number: _____

Name: First: _____	Last: _____
Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone Number: () -	Driver's License Number: _____

Name: First: _____	Last: _____
Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Telephone Number: () -	Driver's License Number: _____

LIST QUALIFICATIONS AND/OR EXPERIENCE FOR THIS TYPE OF BUSINESS:

HAVE YOU BEEN CONVICTED OF A FELONY OR ANY CRIME INVOLVING MORAL TURPITUDE?

Yes No If yes, provide details:

Each applicant must submit proof that she/he possesses a valid Private Patrol Operator's License issued by the State of California under the Private Security Services Act and has in force the bond/insurance required by that Act. (Attach copies to the application).



I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

Signature: _____ Date: _____

**Please return completed/signed form to: San Bernardino County Clerk of the Board,
 385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130.**

COUNTY USE ONLY

Sheriff's Department Use Only (909) 888-5916

Recommendation: Approved Denied Comments: _____

Signature: _____ Title: _____ Date: _____

Clerk of the Board of Supervisors (909) 387-3841

Please Note: all fees can be found at www.sbcounty.gov/cob are non-refundable. Make checks payable to Clerk of the Board.

Initial Application Fee Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Initial License Fee Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Renewal Fee Date Received: _____ Accepted By: _____
 Receipt #: _____ Deputy Clerk of the Board of Supervisors

Check When Completed: Fingerprints Copy of Photo ID (Proof of Age) Photo Taken

Copy of Valid State-Issued Private Patrol Operator's License and Bond/Insurance