

CITY OF DORAL POLICE DEPARTMENT 6100 NW 99th Avenue DORAL, FLORIDA 33178

OFF-REGULAR-DUTY POLICE SERVICE PERMIT APPLICATION

Temporary \Box		Permanent □				
The CITY OF DORAL POLICE DEPARTMENT, is NOT to any person, firm, or organization whose officers, men employee or the City of Doral.						
It is understood that, notwithstanding the fact that the personnel remain employees of the City of Doral Police performed and has no authority over the police personne	e Department. The					
It is further understood by all parties that a police officer his off-regular duty assignment, or on the permit holder's takes to complete the processing of such action. Any tin the police action taken shall be paid for by the permit holders agreed service agreement, or outside the permit	s premises, shall reme ne beyond the origina holder. However, a	ain in an off-regully contracted pen n officer taking	ular-duty service sta riod which is used to police action outsid	tus for the duration of complete the proces le the purview of the	time it ssing of permit	
All compensation due for permanent permits will be paid City of Doral Police Department – Off-Duty Police Servic Off-Regular-Duty Police Services invoice provided by the maximum legal rate.	ces, 6100 NW 99th Av	/enue, Ďoral, Flo	rida 33178. Payme	nt is due upon receip	t of the	
Compensation for temporary permits must be paid upo check, cashiers check, or cash. Certified check, money Doral Police Department.						
Any compensation over and above the rate established by	by ordinance is prohib	oited.				
DATE:	FEDERAL TAX	ID NO.:				
APPLICANT/BUSINESS NAME:						
		(Business or Org	,			
TELEPHONE: ()						
BUSINESS ADDRESS:						
MAILING ADDRESS:						
OCCUPATION LICENSE NO.:			EXPIRATION DATE	:: <u></u>		
EMERGENCY CONTACT:		PHONE: (_)			
NAME OF AUTHORIZED AGENT REQUESTING PERM	AIT:					
(First)	(Middl	e)		(La	st)	
SSN:	DOB:	DAY – YR.)	ACE:	SEX:		
HOME ADDRESS:	HO!	ME PHONE: ()			
CITY:	STA	TE:	2	ZIP		
Is requesting to engage the services of Off-Regular-Duty services that are in addition to those provided generally t	Police Personnel of the public.	the City of Doral	, The City of Doral F	Police Department, for	r police	
PERIOD OF EMPLOYMENT: BEGINNING DATE			ENDING DATE			
HOURS TO BE WORKED: Hrs	From	To	From	To		

SPECIFIC LOCATION OF POLICE	E SERVICE:					
SPECIFIC SERVICE TO BE PER	FORMED:					
Other Equipment Requested: N	No Yes					
☐ Motorcycle	☐ Marked Police Vehicle		☐ Golf Cart	☐ All Terrain Vehicle		
☐ Police Bicycle	☐ High Clearance Pick-Up True	ck	☐ Trailer			
Additional Concerns:						
Number of Police Personnel Requ	uired: Supervisor	Officers	M	otorcycle Officers		
Additional Permits (If Required) STATE NO			COUNTY NO			
	s permit at any time. However, in the expenses incurred to provide the ser .					
A credit report will be conducted t	o establish if the applicant's credit his	story meets the	e Department's require	ements.		
	LED BY THE CHIEF OF THE CITY HE PERMANENT PERMIT WILL BE			NT, OR HIS AGENT, AT ANY TIME		
I HAVE READ AND UNDERSTAN	ND THE PROVISIONS OF THIS APP	PLICATION AN	D WILL ACT IN FULL	COMPLIANCE WITH THEM.		
Signature of	Permit Holder/Agent	_				
Signature or	r ennit i loidel/Agent					
Signature of Permit Holder/Agent			Witness			
Business	Telephone Number	_				
AFTER INVESTIGATING THIS R	REQUEST, IT IS RESPECTFULLY R	ECOMMENDE	D THAT THIS APPPI	LICATION BE:		
<u>APPROVED</u>		<u>DATE</u>		DISAPPROVED		
Supervisor				Supervisor		
PERMIT NO.:		_ VALID WHE	EN ISSUED.			
ORIGINATOR: CITY O	F DORAL POLICE DEPARTMENT	<u> </u>				