

**County of San Bernardino  
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130  
(909) 387-3841 Fax (909) 387-4554  
Internet: www.sbcounty.gov/cob/



**APPLICATION FOR PRIVATE PATROL SERVICE  
BUSINESS LICENSE**

<b>APPLICANT INFORMATION:</b>			
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: _____		

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

<b>LIST RESIDENCE ADDRESS HISTORY FOR PAST FIVE (5) YEARS:</b>			
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: _____

<b>BUSINESS/EMPLOYMENT HISTORY FOR PAST THREE (3) YEARS:</b>			
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, 2<sup>nd</sup> 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](http://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