

**ADMINISTRATION DIVISION  
ADDITIONAL POLICE SERVICE PERMIT APPLICATION**

APPLICANT: \_\_\_\_\_  
(INDIVIDUAL, ORGANIZATION, OR BUSINESS)  
BUSINESS ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
BUSINESS TELEPHONE: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**NAME OF AUTHORIZED AGENT REQUESTING POLICE SERVICE**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Is requesting to engage the services of Police Officers of the North Port Police Department for additional police services that are in addition to those provided generally to the public.

PERIOD OF EMPLOYMENT: BEGINNING DATE: \_\_\_\_\_  
ENDING DATE: \_\_\_\_\_

HOURS TO BE WORKED: \_\_\_\_\_ HRS. (Total number of hours)  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SPECIFIC LOCATION OF POLICE SERVICE: (If different than above)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SERVICE REQUESTED: (i.e., security, etc.) \_\_\_\_\_

NUMBER OF OFFICERS REQUESTED: \_\_\_\_\_

I have read and understand the provisions of this application and will act in full compliance with them.

\_\_\_\_\_  
*Signature of applicant/Agent* \_\_\_\_\_  
*Date signed*

**TO BE COMPLETED BY DETAIL COORDINATOR**

After investigation of this request, it is recommended that this application be:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
SIGNED: \_\_\_\_\_ Event #: \_\_\_\_\_

