

CITY OF DORAL POLICE DEPARTMENT

6100 NW 99th Ave, Doral, FL 33178 305-593-6699 Ext. 2539 / 2565

SpecialEvents@doralpd.com

OFF-REGULAR-DUTY POLICE SERVICE PERMIT APPLICATION

Temporary □	Р	'ermanent ⊔	
The CITY OF DORAL POLICE DEPARTMENT, is NOT obligated to preson, firm, or organization whose officers, members, business, or operate City of Doral.			
It is understood that, notwithstanding the fact that the permit holder personnel remain employees of the City of Doral Police Department. The and has no authority over the police personnel.			
It is further understood by all parties that a police officer performing off-regular duty assignment, or on the permit holder's premises, <u>shall remain in the processing of such action</u> . Any time beyond the originally contracted police paid for by the permit holder. However, an officer taking police act outside the permit holder's premises, will revert to an on-duty status and parties that a police is for the permit holder.	n an off-regular-duty service eriod which is used to cor ion outside the purview	ce status for the duration of time it takes to complemplete the processing of the police action taken sh	<u>ete</u> nall
All compensation due for permanent permits will be paid via cashier's cher Doral Police Department – Off-Duty Police Services, 6100 NW 99 th Avenu Police Services invoice provided by the City of Doral. Accounts (30) days in	ue, Doral, Florida 33178.	Payment is due upon receipt of the Off-Regular-De	of uty
Compensation for temporary permits must be paid upon request of se cashier's check, or cash. Certified check, money order, travelers check Department.			
Any compensation over and above the rate established by ordinance is prohi	ibited.		
DATE:FEDERAL	TAX ID NO.:		
APPLICANT/BUSINESS NAME:			_
	(Business or Orga		
TELEPHONE: ()			_
BUSINESS ADDRESS:			_
MAILING ADDRESS:			_
OCCUPATION LICENSE NO.:		EXPIRATION DATE:	_
EMERGENCY CONTACT:	PHONE: ()	
NAME OF AUTHORIZED AGENT REQUESTING PERMIT:			
(First)	(Middle)	(Last)	_
SSN: DOB:	(MO. – DAY – YR.)	RACE:SEX:	_
HOME ADDRESS:	_ HOME PHONE: (<u> </u>	
CITY:	STATE:	ZIP	
Is requesting to engage the services of Off-Regular-Duty Police Personnel of that are in addition to those provided generally to the public.	the City of Doral, The C	City of Doral Police Department, for police services	
PERIOD OF EMPLOYMENT: BEGINNING DATE		ENDING DATE	_

See Reverse Side for Additional Information

 HOURS TO BE WORKED:
 Hrs.
 From
 to
 From
 To

SPECIFIC LOCATION OF POLICE	: SERVICE:				
SPECIFIC SERVICE TO BE PERFOI	RMED:				
Other Equipment Requested:	No Yes_				
☐ Motorcycle	☐ Marked Police Vehicle		☐ Golf Cart	☐ All-Terrain Vehicle	
☐ Police Bicycle	☐ High Clearance Pick-Up T	ruck	☐ Trailer		
Additional Concerns:					
Number of Police Personnel Requir	red: Supervisor	Officers	Mor	torcycle Officers	
Additional Permits (If Required) ST	Additional Permits (If Required) STATE NO		COUNTY NO		
				er shall be required to pay a reasonabl e assessed a 3- hour minimum rate fo	
A credit report will be conducted t	o establish if the applicant's credit hi	story meets the De	partment's requirements.		
	ED BY THE CHIEF OF THE CITY NENT PERMIT WILL BE REVIEWED		CE DEPARTMENT, OR H	IIS AGENT, AT ANY TIME WITH O	
I HAVE READ AND UNDERSTAN	ID THE PROVISIONS OF THIS APP	LICATION AND W	/ILL ACT IN FULL COMP	LIANCE WITH THEM.	
Signature of	Permit Holder/Agent				
Signature of	Permit Holder/Agent		Witness		
Business	Telephone Number				
AFTER INVESTIGATING TH	S REQUEST, IT IS RESPECTFU	JLLY RECOMME	NDED THAT THIS AI	PPPLICATION BE:	
<u>APPROVED</u>		DATE		DISAPPROVED	
Supervisor Signatur	re/ID#			Supervisor Signature/ID#	
PERMIT NO.:		VALID WI	HEN ISSUED.		
	OF DORAL POLICE DEPARTMENT				

Annex 2.8A Revised: September 10, 2021