

HOME ADDRESS:

CITY:

CITY OF DORAL POLICE DEPARTMENT

6100 NW 99th Ave, Doral, FL 33178 305-593-6699 Ext. 2539/2122

SpecialEvents@doralpd.com

EXTRA-DUTY PERMIT APPLICATION

LXTINA-DOTTT LI	WITAITECATION
Temporary \Box	Permanent □
	d to provide Extra-Duty Service. A permit will not be issued to any operations that are questionable or for any event that will discredit the
	older will reimburse the City of Doral for the services rendered, the Department. The applicant is restricted to the general assignment of nnel.
purview of their off-regular duty assignment, or on the permit hold	ning off-regular-duty service who takes police action falling within the der's premises, shall remain in an off-regular-duty service status for the one. Any time beyond the originally contracted period which is used to for by the permit holder.
However, an officer taking police action <u>outside</u> the purview of holder's premises, will revert to an on-duty status and paid by the C	f the permit holders agreed service agreement, or outside the permit City of Doral.
to the City of Doral Police Department Off-Duty Police Services, 61	er's check or money order, payable to the City of Doral and forwarded 00 NW 99 th Avenue, Doral, Florida 33178. Payment is due upon receiptoral. Accounts (30) days in arrears will be subject to finance charges at
	of service. Payments must be by certified check, money order, travelers is check, and cashier's check payments must be payable to the City of
Any compensation over and above the rate established by ordinance	e is prohibited.
DATE:	_FEDERAL TAX ID NO.:
APPLICANT/BUSINESS NAME:	
ALLEGANIJOSINESS NAIL.	(Business or Organization)
TELEPHONE: ()	_FAX: ()
BUSINESS ADDRESS:	
MAILING ADDRESS:	
OCCUPATION LICENSE NO.:	EXPIRATION DATE:
EMERGENCY CONTACT:	PHONE: ()
NAME OF AUTHORIZED AGENT REQUESTING PERMIT	÷

Is requesting to engage the services of Off-Regular-Duty Police Personnel of the City of Doral, The City of Doral Police Department, for police services that are in addition to those provided generally to the public.

(Middle)

_____HOME PHONE: (______) ___

___STATE:___

 PERIOD OF EMPLOYMENT: BEGINNING DATE
 ENDING DATE

 HOURS TO BE WORKED:
 Hrs. From
 to
 From
 To

ZIP

____DOB:__

Signature of Permit Holder/Agent Business Telephone Number AFTER INVESTIGATING THIS REQUEST, IT I	IS RESPECTFULLY RECO	OMMENDED THAT THIS APPPLICATION BE: DISAPPROVED
Business Telephone Number	IS RESPECTFULLY RECO	OMMENDED THAT THIS APPPLICATION BE:
Signature of Permit Holder/Agent		
		Witness
Print Name of Permit Holder/Agen	nt	
I HAVE READ AND UNDERSTAND THE PROVISION	NS OF THIS APPLICATION A	ND WILL ACT IN FULL COMPLIANCE WITH THEM.
TO AVOID THE 3-HOUR MINIMUM CANCELL FRIDAY, 8 AM TO 5 PM) MUST BE MADE AT L CALLING 305-593-6699 OR EMAILING Alexand	EAST 2 HOURS BEFORE	
THIS PERMIT MAY BE CANCELLED BY THE CHIEF OF ANY TIME WITH OR WITHOUT CAUSE. THE PERI		DLICE DEPARTMENT, OR DESIGNATED AGENT, AT REVIEWED ANNUALLY.
		f such relinquishing, the permit holder shall be required as authorized by the permit. The permit holder will be
Additional Permits (If Required) STATE NO		COUNTY NO
Number of Police Personnel Required: Supervisor	Officers	Motorcycle Officers
Additional Concerns:		
SPECIFIC SERVICE TO BE PERFORMED:		
Will alcoholic beverages be served? ☐ No ☐ Yes		
	,	
Approximate number of people expected to attend a		Date of Council Approval
		Date of Council Approval
If 'Yes', Resolution No. approving Sp		
Does this require a Special Events Permit? If 'Yes', Resolution No. approving Si		

Annex SOP 22-02A Revised: November 7, 2024