

#63137
8-28-15
9/14/20

APPLICATION FOR CITY LICENSE
SECURITY GUARDS - TAXICABS
APPLICATION FEES ARE NON-REFUNDABLE
License is valid for 24 months from the date of issuance

Check type of License applied for:

SECURITY GUARDS

- Individual Security
- Security Business ⁽¹⁾⁽²⁾

TAXICABS

- Driver
- Taxi Cab Business ⁽³⁾

Name of corporation or company by whom you will be employed; owner

BUSINESS NAME Black Hills Patrol
 BUSINESS ADDRESS 807 Columbus St #4
 BUSINESS CITY/STATE/ZIP Rapid City SD 57701
 BUSINESS PHONE (605) 342 1147

Is this a -NEW -RENEWAL application?

Fee \$ _____
Date: _____

License No. _____

Payment
 Cash Check # _____
Receipt # _____

| Fees | Initial | Renewal |
|---------------------------------------|----------|----------|
| Business Security or Taxicab | \$289.90 | \$239.90 |
| Individual Security or Taxi | \$114.90 | \$89.90 |
| Combined Security Business/Individual | \$364.90 | \$289.90 |
| Combined Individual Security/Taxi | \$134.90 | \$109.90 |

All licenses shall expire 24 months from the date of issuance, unless sooner revoked, canceled or otherwise terminated. The official making the determination of suitability will provide you with opportunity to complete or challenge the accuracy of the information contained in the identification record.

⁽¹⁾ Security Business must provide the number of vehicles to be operated _____

⁽²⁾ Security Business must provide the following for all vehicles:

| Year | Make | Model | VIN # |
|------|------|-------|-------|
| | | | |
| | | | |
| | | | |

⁽³⁾ Taxicab Business must provide the number of taxicabs to be operated _____

Personal History and Identification:

NAME OF: APPLICANT; EMPLOYEE

LaPointe Chauncey Lament
 (last) (first) (middle)

List all AKA and Alias names: _____

CURRENT PHYSICAL ADDRESS 851 E Minnesota St. Apt 303
 (Street)
Rapid City SD 57701
 (City/State/Zip)

PHONE (HOME) (605) 209-1455

Are you legally authorized to hold employment within the United States: -YES -NO

PLACE OF BIRTH

Rapid City SD Regional

| | | | | | | | |
|--------|-----|--------|------------|------|------------|----------------|-----------------------|
| AGE | 35 | DOB | [REDACTED] | SSN | [REDACTED] | STATE/DISTRICT | [REDACTED] |
| HEIGHT | 6'1 | WEIGHT | 265 | HAIR | black | EYES | brown |
| | | | | | | RACE | Native Black/American |
| | | | | | | SEX | male |

Please list the local telephone number(s) at which you can be contacted and the hours you can be contacted:

Phone (605) 209-1455 Hours anytime

Phone (605) 348-2346 Hours 8:00 am - 5:00 pm

EMPLOYMENT - Beginning with current employment, please list all jobs you have held in the past five years and the dates of employment. If more space is required, please provide information on an additional sheet of paper.

| Company Name | Street Address | City/State | Dates Employed |
|---------------------|----------------------|---------------|----------------|
| Black Hills Patrol | 807 Columbus St #4 | Rapid city SD | Current |
| modaStone | 1116 Jackson Blvd | Rapid city SD | 06/15 TO 07/15 |
| murphys | 510 9th St | Rapid city SD | 12/13 TO 11/14 |
| Problemsdale lounge | 805 Saint Patrick St | Rapid City SD | 12/13 TO 11/14 |
| Famous Dave's | 1718 Eglin St | Rapid city SD | 10/13 TO 09/14 |
| Texas Roadhouse | 2106 North Maple Ave | Rapid city SD | 12/11 TO 06/14 |

LEGAL

If you have ever been arrested or convicted for any crime (excluding traffic citations), please provide details below.

| Approximate Date | Agency and State | Circumstances & Disposition | Indicate Y=Yes or N=No for each item | | |
|------------------|----------------------|-----------------------------|--------------------------------------|-----------|-----------------|
| | | | Arrested | Convicted | Charges Pending |
| May 2000 | Pennington County SD | 2nd degree burglary | Y | Y | N |
| 2010 | Pennington County SD | domestic | Y | Y | N |
| 2010 | Pennington County SD | disturbing the peace | Y | Y | N |
| | | | | | |

Have you ever been on court probation or parole as an adult? Yes No
If "Yes", please give details: (including when, where, why).

Parole 2000-10
2005 Rapid City SD - 2nd degree burglary

TRAFFIC - If operation of a motor vehicle is an integral part of the position you are being licensed for, an investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

| Name | Driver's License # | State | Expiration Date |
|------|--------------------|-------|-----------------|
| | | | |

Please list all other states where you have been licensed to operate a motor vehicle _____

Please list all traffic citations (excluding parking citations) you have received within the last five years:

| Nature of Violation | Location (City/State) | Date | Disposition |
|---------------------|-----------------------|------|-------------|
| accident | Rapid city SD | ? | |
| speeding | Rapid city SD | ? | |

Taxi Driver ONLY: have you been previously licensed as a driver? Yes No
 If Yes: Where _____, When _____
 Was the license revoked? Yes No
 If Yes: Cause _____

Have you been involved as a driver in a motor vehicle accident within the last five years? Yes No

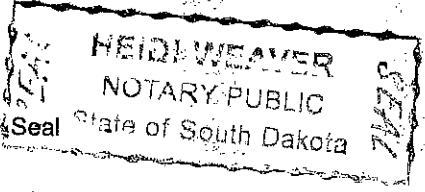
| Date | Location (City/State) | Agency | Citation | Disposition |
|------|-----------------------|--------|----------|-------------|
| | | | | |
| | | | | |
| | | | | |

If there is any additional information you wish to explain, please indicate below.
In my past I made mistakes that I have learned from. I would like to better myself and for my family. I want to help people and our community.

WAIVER TO PERMIT BACKGROUND INVESTIGATION
Must be signed in front of a Notary

I, Chauncey LaPointe, hereby authorize the Rapid City Police Department to
 (print name)
 conduct an investigation into my complete history, including my former employment, together with any and all information concerning my abilities, personal character, credit history, arrest record, etc. I hereby release any law enforcement agency, company, corporation, or individual from all liability for furnishing information concerning me in response to this investigation. I also hereby understand that I may be asked to submit to a polygraph examination, in order to verify aspects of this background investigation.

Signature of Applicant [Signature]
 Date 8-25-15
 Notary Public [Signature]
 My Commission Expires 6-4-21



NOTICE: FAILURE TO DISCLOSE ANY CRIMINAL OR TRAFFIC OFFENSES MAY RESULT IN THE DENIAL OF THIS LICENSE BY THE RAPID CITY COMMON COUNCIL