

SECURITY SERVICES APPLICATION FORM
Rapid City Public Library Downtown

Applicant Name:

Description of your company, including length of time in business	
Are your employees security certified by the City of Rapid City?	
Describe the overall training for your security employees; please be specific	
How many different employees will be assigned to this location?	
What provisions do you have for fill-in scheduling (vacation, illness, etc.)?	
Attach your proof of liability insurance policy	
Attach your proof of Workers' Compensation Insurance	

