

ALARM BUSINESS PERMIT APPLICATION

Date _____ **Permit#** _____

Name of Alarm Business _____ **Phone** _____

Principle address of Business _____

Phone _____

Local address _____ **Phone** _____

Who owns the Alarm Business? _____

How long has this organization been in the Alarm Business? _____

Approximate total number of Alarm installations within the city limits _____

Data on local Manager or Representative:

Name _____ **Phone** _____

Home address _____ **City** _____

Date of Birth _____ **Place of Birth** _____ **SS#** _____

Height _____ **Weight** _____ **Eyes** _____ **Hair** _____

Has he ever been convicted of a crime other than a minor traffic offense? _____

Yes _____ **No** _____ **If "Yes", give charge, date, place and disposition of case**

Employment for past five (5) years

Last or present employer _____ **From** _____

Address _____ **To** _____

Previous employer _____ **From** _____

Address _____ **To** _____

Previous employer _____ **From** _____

Address _____ **To** _____

List names, addresses, social security numbers and dates of birth of all employees who will install, repair, service, sell, lease or maintain the alarm systems for the company.

Name _____ **Phone** _____

Address _____

Social Security Number _____ **DOB** _____

Name _____ **Phone** _____

Address _____

Social Security Number _____ **DOB** _____

Name _____ **Phone** _____

Address _____

Social Security Number _____ **DOB** _____

Name _____ **Phone** _____

Address _____

Social Security Number _____ **DOB** _____

Name _____ **Phone** _____

Address _____

Social Security Number _____ **DOB** _____

I certify that the above statements are true and correct. I have read and understand the ordinance dealing with alarm companies and the standards issued by the Chief of Police and agree to abide by them.

Date _____ **Signed** _____

Title _____