

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 _____