



Initial Application Fee: \$25.00
Annual Renewal Fee: \$10.00

COMMERCIAL ALARM PERMIT APPLICATION

BUSINESS INFORMATION							
Business Name:							
Business Owner's Name:							
Business Address:						Bldg. / Suite #:	
City / State / Zip:							
Mailing Address:						Bldg. / Suite #:	
City / State / Zip:							
Telephone #:		Fax #:			Email:		
ALARM COMPANY INFORMATION							
Alarm Company Name:							
Alarm Company Address:						Bldg. / Suite #:	
City / State / Zip:							
Telephone #:		Fax #:			Email:		
TYPE OF ALARM SYSTEM							
Robbery: <input type="checkbox"/> Yes <input type="checkbox"/> No				Burglary: <input type="checkbox"/> Yes <input type="checkbox"/> No			
ALARM SOUNDS							
Alarm Company: <input type="checkbox"/> Yes <input type="checkbox"/> No				Business: <input type="checkbox"/> Yes <input type="checkbox"/> No			
BUSINESS & EMPLOYEE HOURS							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Business Opens:							
Business Closes:							
Employees Arrive:							
Employees Depart:							
EMERGENCY CONTACT INFORMATION							
(Please provide the name of 3 persons who are capable of promptly responding during an alarm event.)							
1.	Name:				Telephone #: ()		
2.	Name:				Telephone #: ()		
3.	Name:				Telephone #: ()		
APPLICANT INFORMATION							
Applicant's Signature			Applicant's Printed Name			Applicant's Phone Number	
						()	
OFFICE USE ONLY							
Approved By:		Title:		Permit #:		Expiration Date:	