



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:							
Phone #		Fax #		Email:			
ALARM COMPANY INFORMATION							
Alarm Company Name:							
Alarm Company Address:				Bldg / Suite #			
City / State / Zip:							
Phone #		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:				Phone #		
2.	Name:				Phone #		
3.	Name:				Phone #		
APPLICANT INFORMATION							
Applicant's Signature			Applicant's Printed Name			Applicant's Phone #	
OFFICE USE ONLY							
Date Received By Staff:				Date Forwarded to BPD:			