



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:								
Business Site #		Owner's #		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
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ALARM SOUNDS

Alarm Company	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Business:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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:	
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