

APPLICATION FOR ALARM BUSINESS INSTALLER / MONITORING COMPANY

In accordance with Chapter 735 of the Codified Ordinances of Sidney, Ohio, application is hereby made for registration as an: **Alarm Business Installer / Monitoring Company.**

It is understood by signing this application; your company agrees to abide by all the rules and regulations pertaining to the Alarm Ordinances of Sidney, Ohio.

Important:

An Alarm Business Registration fee of \$150.00 is due now. Please include payment with this application. Make check payable to the Sidney Police Department.

Additionally, please attach a complete list of all clients' names, addresses, telephone numbers and type of alarm protection provided by your company to each client. Your assistance in providing this list helps the police department in the administration of "false alarm" aspects of applicable city ordinances.

SECTION 1

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

MAILING ADDRESS: _____

PHONE NUMBER OF BUSINESS: _____

CONTACT PERSON IN CHARGE
FOR YOUR BUSINESS PERMIT: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS: INDIVIDUALLY _____ PARTNERSHIP _____ CORPORATION _____

SECTION 2

NAME OF OWNER(S): _____

DIRECTOR OF CORPORATION: _____

HOME ADDRESS OF OWNER(S): _____

HOME PHONE NUMBER OF OWNER(S): _____

MAILING ADDRESS

Municipal Building - 201 West Poplar Street - Sidney, Ohio 45365
Phone: 937-498-2353 - Fax: 937-498-8129 - Website: www.sidneyoh.com

SECTION 3

1. Description of systems or devices offered for sale or lease:

2. Description of services related to alarm devices offered to the public:

3. List all felony and misdemeanor convictions of individual proprietors, partners, director and principal officers of the applicant business. The date and location of each conviction must also be included.

4. Have you ever been denied a license or permit in any jurisdiction to engage in the alarm business?
_____ NO _____ YES If YES, explain on a separate sheet.

5. State how long you have been in the alarm business and the locations of the business. Number of months / years: _____ ***Please do so on the back of this application.***

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date of Application: _____ Applicant's Signature: _____

THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____

FOR OFFICE USE

Date Received: _____
Initials: _____

Alarm Business #: _____
Receipt #: _____

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