

LICENSE NO. _____

FEE \$50.00

EXPIRES 12/31 _____

ALARM BUSINESS LICENSE

NAME				
PRESENT BUSINESS NAME & ADDRESS (Name and full address)				
PRESENT HOME ADDRESS (Full street address, City, State, Zip Code)				
DATE OF BIRTH		PLACE OF BIRTH		
HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR OR ORDINANCE VIOLATION?				
IF YES, DISCLOSE THE NATURE OF THE OFFENSE, THE PENALTY ASSESSED AND THE JURISDICTION/LOCATION				
PLEASE SUPPLY THE NAME AND ADDRESS OF TWO RELIABLE CHARACTER REFERENCES.				

(name)	(address)	(city)	(state)	(zip code)

(name)	(address)	(city)	(state)	(zip code)

Applicant must supply a government issued photo ID for identification (i.e., driver's license, State ID card) at time of application. 

(Signature of applicant)

(Date signed)

POLICE APPROVAL _____

DATE _____