

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) Please have your signature notarized if you are not signing in the Clerk's Office. (Date signed)

POLICE APPROVAL _____

DATE _____