

Business Alarm Permit Application



For Office Use Only	
Date Issued:	Permit Number:

Business Name: _____

Physical Address: _____

Mailing Address (if different): _____

Business Phone: _____

Emergency Contact 1 Name: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact 2 Name: _____

Primary Phone: _____ Secondary Phone: _____

Name of Owner/Manager: _____

How is the alarm monitored: Monitoring Company Local Only

Alarm Company Name: _____

Alarm Company Telephone Number: _____

Type of Alarm(s) Reported:

Burglar Robbery/Hold Up/Panic Fire Medical Assist

Application Fee:

There is a \$25 annual fee for a business alarm permit.

Prorated Fee Schedule

January- \$25.00	July- \$12.50
February- \$22.92	August- \$10.42
March- \$20.83	September- \$8.33
April \$18.75	October- \$6.25
May- \$16.67	November- \$4.17
June- \$14.58	December- \$2.08

False Alarm Fees:

Burglar Alarm: If permit holder has had 5 false alarms in the permit's 12 month duration, a \$50.00 fee will be assessed for each subsequent false alarm answered.

Robbery/Hold Up/Panic Alarms: If permit holder has had 1 false alarm in the permit's 12 month duration, a \$75 fee will be assessed for each subsequent false alarm answered.

I have carefully read the completed application and know the same is true and correct. I hereby agree that if a permit is issued, all provisions of Addison City Ordinance #337, and State laws will be complied with. I accept responsibility for payment of all fees or charges and any civil action that might result from the operation of this alarm system.

Applicant/ Agent Signature:	Date: