Dennis L. Evers
Police Chief

COMMERCIAL / RESIDENTIAL ALARM USER PERMIT APPLICATION

Applicant Information:

Full Name of Business / Occupant /Resident _____

Alarm Site Address & Apt / Suite_____

Mailing Address (if different from Site Address) _____

Home Phone ( ) _____ Other _____ Email _____

City, State, Zip _____

Check one: _____ Residence _____Business

Check Applicable Type(s) of alarm: __Holdup __Burglary __Silent __Audible Only __Radio __Cellular backup __ Panic

Other: (Explain) _____ _____

 * Audible alarms must have an automatic abort feature to reset after a 15 minute annunciation period.

 Type(s) of alarm activation monitoring / reporting: _____Central Station _____Dialer _____Proprietary

 Alarm Company: _____ _____

Address/City/Zip: _____

Phone: #_____ Email_____

Alarm Company Contact (s) _____ _____

 * Does your alarm company possess a Beavercreek Alarm Company Permit? _____ YES _____NO _____UNKNOWN

 ALARM COMPANIES MUST BE LICENSESD BY THE CITY OF BEAVERCREEK TO CONDUCT ANY ALARM RELATED BUSINESS WITHIN BEAVERCREEK. If no, your alarm company must obtain a *BUSINESS ALARM LICENSE.

 Emergency Notification: List names and telephone numbers of three (3) persons who are able and agree to be available, to respond within 20 minutes to an alarm, on a 24 – 7 bases, to permit access, and deactivate the alarm if such need arises:

Name	Address	Telephone	Cell Phone

1. _____

2. _____

3. _____

I have read the completed application and represent the same to be true and correct. I accept responsibility for payment of all fines that may result from the operation on the alarm system serving the above alarm site. I will surrender this permit if I transfer ownership of the alarm site property. *THIS PERMIT IS NON TRANSFERRABLE.*

_____
Permit Applicant Signature (Required)   Date   A-08-006