



Attn: Alarm Coordinator
Miami Beach Police Department
1100 Washington Avenue
Miami Beach, FL 33139
(305)673-7115 (305)673-7879 fax

DATE ISSUED: _____

AMOUNT PAID: _____

NEW: ___ RENEWAL: ___ CHANGE: ___

City of Miami Beach Alarm Subscriber Permit Application

1. Alarm Subscriber/Business Name: _____
2. Phone Number at Alarmed Location: (_____) _____
3. Address of Alarmed Location: _____ Apt./Unit #: _____
4. Mailing Address: _____ Apt./Unit #: _____ Attn: _____
City: _____ State: _____ Zip Code: _____
5. Is Alarmed Location a Business or a Residence? (Please circle one) Business Residence
6. Name of Alarm/Monitoring Company: _____
State of Florida License Number: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____ -- _____
7. Business or Residence Owner Name: _____
Phone Number: (_____) _____ -- _____
8. Who owns the Alarm Equipment? (Please circle one) Alarm Company Subscriber
9. Dogs, Hazards, Special Comments Regarding Premises: _____

Call 673-7115/Voice to request material in accessible format; sign language interpreters (five days in advance when possible) or information on access for persons with disabilities.

10. Normal Business Hours: Open: _____ Close: _____ Days Open: _____

11. Do you have a Security Guard Checking Your Premises? (Please circle one) YES NO

If YES, Name of the Security Guard Company: _____

Days and hours premises checked: _____

Do they have a key to the premises? (Please circle one) YES NO

24 Hour Phone Number: (_____) _____ -- _____

12. Type of Alarm System: (Please circle one) Burglary Audible or Silent
Hold Up/Armed Robbery Audible or Silent
Panic Audible or Silent

13. Date of Alarm Installation: _____ Date of last Alarm Inspection: _____

14. Who should be contacted in the event of an alarm?

Name Relationship Day Phone Night Phone

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

15. Do you have more than one alarm system at this address? (Please circle one) YES NO

If YES, please list each alarm system below and describe what area it covers (office, warehouse, guest house, etc.)

System Information

Permit Number

- System 1: _____
- System 2: _____
- System 3: _____
- System 4: _____
- System 5: _____

If any changes need to be made to your Alarm Subscriber Permit, they must be made in writing.

16. Date: _____ Applicants Signature: _____