

ALARM COMPANY OPERATION PERMIT

CODIFIED ORDINANCE NO. 707



PLEASE PRINT

Permit No. _____

Alarm Company Name		Date of Application
Street Address	City, State, Zip	
Telephone #	Alternate Phone #	
Contact Person		
Name and Location(s) of Other Businesses Operated by Alarm Company		
1.		
2.		
3.		
Trade Name(s) Used During Previous Five (5) Years		
How long has the applicant been engaged in the alarm business?		
Are you registered with the Better Business Bureau?		
<input type="checkbox"/> Yes <input type="checkbox"/> No What State? _____		
Have you or any member of your organization ever been convicted of a felony?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been denied a license?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your license ever been revoked or suspended?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If answering Yes to any of the above questions, explain on the reverse side</i>		
By signing below, I certify that the above information is true and accurate. I also agree to abide by the City of Trotwood Ordinance No. 707 (Alarm Systems). I further understand that if I violate any section of Chapter 707, my permit will be revoked. I agree to update the Police Department in writing within ten (10) days with any change in the information provided on this application.		
Applicant's Signature		Date
FOR CITY OF TROTWOOD USE ONLY		
\$150.00 Fee Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Paid By: <input type="checkbox"/> Check No. _____ <input type="checkbox"/> Cash		
The fee and application are to be renewed prior to January 31 of each year. Please return this application with a check payable to the "Trotwood Police Department" to the address below:		
Trotwood Police Department Attn: Alarm Permits 3035 Olive Road Trotwood, OH 45426		For questions, please call 937/854-7200
Approved By: Quincy E. Pope, Sr., Public Safety Director/Deputy City Manager		Date