

ALARM COMPANY PERMIT

Codified Ordinance Chapter 707



TROTWOOD
GROWING TOGETHER



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 Business 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 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Has your license ever been revoked or suspended?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	
If answering Yes to any of the above questions, explain on the reverse side	
By signing below, I certify that the above information is true and accurate. I also agree to abide by the City of Trotwood Ordinance 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 Signature	Date

FOR CITY OF TROTWOOD USE ONLY

\$150.00 Fee Paid? Yes No Paid By: Check No. _____ 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 "Trotwood Police Department" to the address below:

Trotwood Police Department

For questions please call 937-854-7200

Attn: Alarm Permits

3035 Olive Road

Trotwood, OH 45426

Approved BY: Erik L. Wilson, Police Chief

Date