



Application for License to Operate an Alarm Business
 as defined by **Chapter 720, Saint Louis County Revised Ordinances**
This application will be referred to the Police for annual background checks

Type of license for which you are applying: _____ New License _____ Renewal License

Please indicate the type of ownership and complete the corresponding part of the application:

___ Partnership ___ Sole Owner ___ Other: _____
 ___ Corporation/LLC: **NEW applicants must attach State Certification of Incorporation & Articles of Incorporation**

All Applicants must complete the section below

1. _____
Name of Owner, Partnership or Corporation/LLC (exactly as it appears on the Articles of Incorporation or Organization)

2. _____
Name of Business

3. _____
Street Address of Business (no PO Box Number)

4. _____
Mailing (if different)

5. _____ _____
Business Phone (with area code) **Contact Phone (with area code)**

6. **Contact Email**

7. **Sole Owner**

Name (First, MI, Last)

Street Address, City, State, Zip

8. **Partnership: List All Partners** (use additional sheets of paper if needed)

Name (First, MI, Last)

Street Address, City, State, Zip

Name (First, MI, Last)

Street Address, City, State, Zip

Name (First, MI, Last)

Street Address, City, State, Zip

9. Corporation/LLC:

State of Incorporation: _____ **Date of Incorporation** _____

Principal Office in Missouri (Street Address, City, State, Zip)

Corporate Officers (use additional sheets of paper if needed):

Name (First, MI, Last) **Title**

Name (First, MI, Last) **Title**

Name (First, MI, Last) **Title**

Name (First, MI, Last) **Title**

10. Other Unincorporated Associations: List All Associates and their home addresses (use additional sheets of paper if needed)

Name (First, MI, Last)

Name (First, MI, Last)

Name (First, MI, Last)

Name (First, MI, Last)

Name (First, MI, Last)

Name (First, MI, Last)

Name (First, MI, Last)

Name (First, MI, Last)

11. List all St. Louis County locations of the Alarm Business

Street Address, City, State, Zip

Street Address, City, State, Zip

Street Address, City, State, Zip

Street Address, City, State, Zip

Street Address, City, State, Zip

12. List anyone with access to user information in the installation and use of alarm system (employees, agents, corporate officers, etc.) and use additional sheets of paper if needed

----- **Soc Sec#** -----
Name (First, MI, Last)

Home Street Address, City, State, Zip (No PO Boxes)

Date of Birth ____/____/____ **Sex** ____ **Race** _____

----- **Soc Sec#** -----
Name (First, MI, Last)

Home Street Address, City, State, Zip (No PO Boxes)

Date of Birth ____/____/____ **Sex** ____ **Race** _____

----- **Soc Sec#** -----
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Home Street Address, City, State, Zip (No PO Boxes)

Date of Birth ____/____/____ **Sex** ____ **Race** _____

----- **Soc Sec#** -----
Name (First, MI, Last)

Home Street Address, City, State, Zip (No PO Boxes)

Date of Birth ____/____/____ **Sex** ____ **Race** _____

13. Has anyone listed on this application ever been convicted of any statute, law or ordinance violation other than minor traffic violations?

No _____ Yes: _____

14. Mailing address of designated recipient of all notices pursuant to Chapter 702 SLCRO:

Business Name

Attention

Address

City _____ **State** _____ **Zip** _____

Email _____

Attach the documents below (new applicants and changes to original application only). The attachments will become a permanent part of the application.

- Specifications of all alarm systems handled by the applicant
- Instructions provided to alarm system users
- Statement of repair and maintenance services made available to alarm system users

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

STATE OF MISSOURI

COUNTY OF _____ }

I do solemnly swear that the information contained in this application or incorporated by accompanying documents is true, correct and complete to the best of my knowledge.

Printed Name of Owner, Partner or Officer

Signature of Owner, Partner or Officer

Printed Name of Owner, Partner or Officer

Signature of Owner, Partner or Officer

Subscribed and sworn before me on the _____ day of _____, 20_____

My commission expires _____

Notary Public

<u>OFFICE USE ONLY</u>	
Police Background Check:	IN _____ OUT _____
BY	_____

