



Beavercreek  
*Police*

Internal Use Only

PERMIT NO. \_\_\_\_\_

Issuance Date \_\_\_\_\_

Renewal Date \_\_\_\_\_

## ALARM BUSINESS REGISTRATION FORM

An alarm business company and/or vendor, whether a corporation, proprietorship or individual, must register to conduct business in the City of Beavercreek, and pay an annual fee of \$150, due and payable January 31. If a new alarm company/vendor registers after July 1, and prior to January 31 of the following year, the initial fee shall be \$75. Thereafter, the fee shall be \$150 per year, due and payable January 31. All fees are to be paid to the City Finance Director, 1368 Research Park Drive, Beavercreek Ohio 45432. ***Failure to register or re-register will result in the inability to operate an alarm business within the city.***

### Chapter 139.03 ALARM BUSINESS LICENSE

*No person shall engage in the alarm business within the City whether personally, by agents or employees, singularly, or along with some other business or enterprise, without having first obtained a license to do so in accordance with the provisions of this chapter.*

#### A. Business/Corporation/Partnership/Sole Proprietorship Information ☐ NEW ☐ RENEWAL

Operating Name (DBA) \_\_\_\_\_

Business Name \_\_\_\_\_

Federal Identification Number \_\_\_\_\_ Business Phone # \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Owner, Phone # & Email \_\_\_\_\_

Other Contact, Phone # and Email \_\_\_\_\_

#### B. Send Notification / Statements to:

Name	Address	City/State/Zip Code
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#### C. Type of Alarm Business Activity in Beavercreek, Ohio

Check ALL that apply: ☐ Sell ☐ Install ☐ Monitor ☐ Service ☐ Other

#### D. Please initial and enclose each item listed below:

- \_\_\_\_\_ Attach sheet with description of alarm systems and /or devices for sale, lease, maintenance or monitored alarm systems for those companies which provide **only monitoring/reporting services** within the City of Beavercreek.
- \_\_\_\_\_ Description of any services and maintenance schedule relating to alarm devices/systems.
- \_\_\_\_\_ Listing of all Beavercreek alarmed locations serviced by your said company. Also include type(s) of alarms/sensors and key holder information.
- \_\_\_\_\_ Proof of Liability Insurance in the amount of one million dollars (\$1,000,000.00).

### E. Associated Alarm Business

List any associated business with which you contract that may alter, lease, maintain, monitor, repair, replace, sell at retail, service, or respond to an alarm system in the City of Beavercreek. If necessary, use a separate sheet of paper to list additional information /companies.

Company Name and Activity\_\_\_\_\_

Company Phone # \_\_\_\_\_

Company Name and Activity\_\_\_\_\_

Company Phone # \_\_\_\_\_

List all of the Trade Names used currently or during the previous five (5) years by the applicant or such person signing this application along with the location of other business establishments operated during the previous five (5) years in the State of Ohio. If necessary, use a separate sheet of paper to list additional information/companies.

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone ( ) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone ( ) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone ( ) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Has the said business or applicant ever been denied an Alarm Business Permit? Yes \_\_\_\_ No \_\_\_\_

By signing this application, and upon approval of your license application, a complete list of the names and addresses will be maintained of all residents and businesses in the City of Beavercreek, Ohio, to whom or for whom alarm systems have been sold, and/or are currently under contract to your alarm and / or alarm system monitoring company. This list shall be made available to the Police Chief or his designee during the course of his/her official business.

All renewal licenses shall be for a period of ONE year.

*I hereby certify that the above information is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return the completed form to [records@beavercreekohio.gov](mailto:records@beavercreekohio.gov) or 1388 Research Park Drive