



ALARM BUSINESS LICENSE APPLICATION
Allow 30 days for approval

CITY LICENSE
(316) 268-4553

_____ New.....\$100.00
 _____ New applicant fee.....\$1.00
 _____ Renewal.....\$100.00

_____ Individual Date _____
 _____ Co-Partnership
 _____ Corporation:
 If Incorporated, through which state? _____

BUSINESS INFORMATION:

Business Name		Phone	
Business Address		Zip Code	

APPLICANT INFORMATION:

Full Name		Home Phone	
Home Address		Zip Code	
Date of Birth		Race	
		Gender	

MAINTENANCE INFORMATION:

Full Name	
Home Address	Zip
Date of Birth	Phone Number

BUSINESS OWNERSHIP INFORMATION: The following information must be provided on the applicant(s); individual owners; partners; all officers and directors (if a corporation or LLC); and anyone with financial interest. (Attach additional pages as necessary). The percentage(s) of ownership must total 100%. **Please use the first box for applicant.**

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used		Maiden Name			
% Ownership		Position			Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
Other Names Used		Maiden Name			
% Ownership		Position			Marital Status
Address	City	State	County	Zip Code	Daytime Phone

Last Name	First Name	Middle Name	Gender	Date of Birth	Birthplace
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% Ownership		Position			Marital Status
Address	City	State	County	Zip Code	Daytime Phone

- Has any person required to be named on this application been convicted of a felony? YES NO
If yes, please specify: _____
- Will service for the alarm systems provided by the alarm business be available on a 24-hour, 7-day-a-week basis? YES NO
- Has a complete and current customer list in a format acceptable to the Alarm Administrator been submitted? YES NO
- Has the applicant, in the last two years, violated the terms and conditions of Chapter 3.40 of the City Code? YES NO
If yes, please specify: _____
- Does the alarm business owe any licensing fees or administrative penalties to the City of Wichita? YES NO
If yes, please specify: _____

A copy of the certificate issued by the Office of Central Inspection with each person's certification number, level of certification, and the agency which the technician is certified by, must accompany this application before the application will be considered for approval.

Proof of General Liability Insurance Coverage must be attached to the application.

I, the above named applicant, state that all agents, representatives, and employees of the applicant will at all times comply with all laws of the United States, the State of Kansas, and the ordinances of the City of Wichita and resolutions of Sedgwick County in the operation of the alarm business. I agree to comply with the required operational practices for alarm businesses as set forth in Chapter 3.40, Section 3.40.070.

Signature of Applicant

Notary Public

My appointment expires on the ____ day of _____, 20__

FOR OFFICIAL USE ONLY

	Approved	Disapproved	Date
Central Inspection			
Chief of Police			
Fire Chief			
Law			
License #		Expiration	
Date		Date Issued	



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TECHNICAL CERTIFICATION

If your business is engaged in the business of selling, leasing, altering, installing, maintaining, repairing or servicing alarm systems, each of your technicians must have a certificate issued by the Office of Central Inspection. Please provide the names, level of certification, certification agency name, and copies of the certification numbers, including expiration dates if applicable, of those persons certified in accordance with the standards set forth by Chapter 3.40, Section 3.40.035, of the City Code. If more space is needed, please attach an additional sheet of paper. Please be advised, Section 3.40.035 provides that the Office of Central Inspection will provide an examination and certification for those technician's needing certification.

Name	Certification Level	Certification Agency	City of Wichita Office of Central Inspection Certification Number and Expiration Date
1.			
2.			
3.			
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