



**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	
“Doing Business As” Name – Limit One			
Business Address		Zip Code	

APPLICANT INFORMATION:

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

MAINTENANCE INFORMATION:

Full Name			
Home Address		Zip	
Date of Birth		Email	
		Phone	

PRIMARY CONTACT PERSON TO WHOM THE CITY WILL DIRECT INQUIREIES:

Last Name	First Name	Phone
Email		

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). (Attach additional pages as necessary). **Please use the first box for applicant.**

Last Name	First Name	Middle Name	Gender	Date of Birth	Race
Other Names Used / Maiden Name					
Address			Position		
City	County	State	Zip Code	Daytime Phone	

Last Name	First Name	Middle Name	Gender	Date of Birth	Race
Other Names Used / Maiden Name					
Address			Position		
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Other Names Used / Maiden Name					
Address			Position		
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- Has any person required to be named on this application been convicted of a felony? YES NO
If yes, please specify: _____
- Will monitoring 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 3.41 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: _____

REQUIRED ATTACHMENTS:

- 1) A copy of the certificate issued by the Metropolitan Area Building and Construction Department with each person's certification number, level of certification, and the agency by which the technician is certified.
- 2) Proof of General Liability Insurance Coverage must be attached to the application.
- 3) A statement that no agent, representative or employee of the applicant whose duties include entry into personal residences or any other premises is a registered sex offender, and have, subject to audit by the Chief of Police, performed the necessary background check of any agent, representative or employee.
- 4) A certificate of Good Standing from Kansas or other state of incorporation or registration.

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 3.41, Section 3.41.100.

Signature of Applicant

Notary Public

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



**ALARM BUSINESS
TECHNICAL CERTIFICATIONS**

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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 Metropolitan Area Building and Construction Department. 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 3.41, Section 3.41.035, of the City Code. If more space is needed, please attach an additional sheet of paper. Please be advised, Section 3.41.035 provides that the Metropolitan Area Building and Construction Department 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.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

FOR OFFICIAL USE ONLY

License #		Expiration	
Date		Date Issued	



**ALARM BUSINESS
STATEMENT OF BACKGROUND CHECK**

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I, the above named applicant, state that no agent, representative or employee of the applicant whose duties include entry into personal residences or any other premises is a registered sex offender, and have, subject to audit by the Chief of Police, performed the necessary background check of any agent, representative or employee, as required by Section 3.41.050(a)(9) of the Code of the City of Wichita. I further understand that I have a continuing obligation to perform the background check required by Section 3.41.050(a)(9) on any agent, representative or employee that subsequently becomes employed or associated with my business throughout the term of this license.”

Signature of Applicant

Notary Public

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