



City of Cañon City
Alarm Service
License Application
\$250.00

Applicant Name: _____

Business Name: _____

Business Address: _____

Business Phone: _____ **Fax:** _____ **E-mail** _____

Emergency/after hours phone: _____

Check one: Individual _____ **Corporation/Limited Liability Company** _____

Local Operator/Manager Name: _____

Daytime Phone: _____ **Emergency Phone:** _____

If applicant is a corporation, partnership, or a limited liability company, it is required to list by position all officers and directors, general partners, managing members, all stockholders, partners (including limited partners) and members who have a 10% or greater financial interest in the applicant. All persons listed here or by attachment must submit and attach an Individual Information Form.

Name	Home Address, City & State	Date of Birth	Position	% Owned

List of any service contractors or sub-contractors who perform monitoring or installation services for your company. (Attach an additional sheet if necessary)

Name	Business Name	Address, City, State & Zip

OATH OF APPLICANT

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge.

Applicant Signature

Printed or typed name

Title

Date

For City of Cañon City Use Only:

Background Check: _____ **Date:** _____

Approved: _____ **Denied:** _____ **Date:** _____
Chief of Police **Chief of Police**

Approved: _____ **Denied:** _____ **Date:** _____
City Clerk **City Clerk**