



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

