

NEW
 RENEWAL

Keyed by: _____
 Check #: _____
 Invoice #: _____
 For LMPD Purposes Only

Alarm Business License Application Louisville Metro Police Department

Make check payable to: False Alarm Reduction Program
Mail application and required forms to: 701 West Ormsby Avenue, Suite 001
 Louisville, KY 40203

Annual License Fee - \$100.00

| | | | |
|--|--|--|---|
| Alarm Business Name | | License # | Expires |
| Business Address | | | |
| City: | | State | Zip |
| D/B/A | | E-mail Address | |
| Local Address | | | |
| City | | State | Zip |
| Office phone | | Cell or Other | |
| State of Incorporation | | Louisville Revenue Commission # | |
| Are you in the business of: | Installing <input type="checkbox"/> Yes <input type="checkbox"/> No | Servicing <input type="checkbox"/> Yes <input type="checkbox"/> No | Monitoring <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you do not monitor, please list who you use: | Business Name | | |
| Address | City/State/Zip | | Phone |
| <i>Per the ordinance, if you install and/or service alarm systems in Jefferson County you shall have at least 1 licensed alarm tech with LMPD. List below the Names, Address, and LMPD License Number for all Alarm Technicians or Alarm Temporary Technicians under contract or employed by you full/part time. (Please include a separate sheet for additional names)</i> | | | |
| Technician Name | Address | License # | |
| Technician Name | Address | License # | |
| Technician Name | Address | License # | |
| CORPORATE/PARTNERSHIP/LLC INFORMATION – (Please include a separate sheet for additional names) | | | |
| Officer Name | | Title | |
| Residence Address | | | |
| State | Zip Code | Cell Phone Number: | |
| Officer Name | | Title | |
| Residence Address | | | |
| State | Zip Code | Cell Phone Number: | |
| Have you or any of your officers or employees ever been convicted of: (If so, please attach letter of explanation.) | | | |
| Violent Crimes | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Sexual Offenses | <input type="checkbox"/> Yes <input type="checkbox"/> No | Theft or Fraud Related Offenses | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment and Workers Compensation Insurance | | | |
| Name of Insurance Company | | | |
| Address | | City | State Zip |
| Policy Number | | Expiration Date | |
| Liability Insurance | You must submit a certificate of insurance verifying commercial general liability insurance with limits of liability of not less than \$250,000 for each occurrence and also for the aggregate limits. The policy shall contain products and completed operation coverage with a minimum of \$250,000 aggregate limit. Additionally, these certificates of insurance shall name Louisville Metro Government as a certificate holder. | | |

I hereby affirm that I have not made any false statement of a material matter for the purpose of obtaining a license. I have not violated the provisions of chapter §127 or failed to provide all the information required by §127.08. I understand Violation of §127.08 shall be sufficient cause for refusal to issue a license or to revoke a license.

I further understand that the above information will be used by the Louisville Metro Police Department to issue an alarm business license and any untruthfulness or falsification with intent to mislead may result in my prosecution under Kentucky revised statute 523.100.

Applicant's signature **Date**

THIS FORM MUST BE NOTARIZED:

Subscribed and sworn before me _____ on the _____ day of _____ 20____.

Applicant's signature

Notary Public _____ (Seal)

State of _____

My Commission Expires: _____