OFFICE USE ONLY

**Permit No**_____

**BCI: NH MA OOS**

# LICENSE SECTION ALARM DEALER APPLICATION

**NEW**_____
**RENEWAL**_____

THE CITY OF COLUMBUS
MICHAEL B. COLEMAN, MAYOR
DEPARTMENT OF PUBLIC SAFETY

## Business Information

Corporate Name_____ Federal I.D. #_____

Mailing Address_____
Address City State Zip Code

Corporate Telephone ____(_____)_____

Business Name (DBA) _____
(If different from above):

List the name, date of birth, social security number, home address and title of all persons who have a direct or indirect interest in the business (include partners, stockholders, lien holders, and corporate officers).

1._____
Name Date of Birth Social Security Number

_____
Title Home Address City State Zip Code

## Company Representative

Social Security Number:_____ DATE OF BIRTH_____/_____/_____
Full Name_____
Home Address_____
(Number) (Street Name) (City, State, Zip Code)

Male: _____ Female: _____ Race: _____ Ht.: _____ Ft : _____ In Wt: _____ Hair: _____ Eyes: _____

Drivers License #:_____ Place of Birth: _____Phone # _(_____)_____

Business Email Address: _____

Are you: A Citizen of the U.S.? _____ A Legal Alien? _____ Alien Registration #_____
(If born outside of the United States, proof of citizenship or alien registration cards must be submitted.)

List any theft or felony convictions, anywhere in the United States, within the past ten (10) years:

_____

Are you on felony probation or parole? _____ If Yes date Began:_____/_____/_____

Have you or your company had a Columbus license/permit revoked, suspended, or refused within the last three (3) year? _____

**SEE REVERSE SIDE**

**List below all companies that you currently sub contract work to, who employ you as a subcontractor, or who monitor your accounts within the City of Columbus.**

| **List Company Type** (Authorized Reseller, Installation Company, Monitoring Company, Sales Company or Service/Repair Company) | **Company Name** | **Mailing Address City, State, Zip Code** | **Phone #** |
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Certain information in this application is subject to disclosure as a matter of public record. Any false statement made or given in this application shall result in denial or future revocation of this permit, as well as criminal prosecution under Chapter 2321.13 (A-3) (A-5) , Columbus City Codes.

STATE OF OHIO, COUNTY OF FRANKLIN:

_____, being duly sworn, deposes and
(Applicant Name - Print)

says he or she is the individual making the foregoing application; that he or she is knowledgeable with respect to that which is to be licensed; that the answers to the foregoing questions and other statements contained herein are true of his or her own knowledge and belief.

_____
Applicant Signature

Sworn to before me and subscribed in my presence this _____day of _____, _____.

_____
Notary or Agent of Director of Public Safety

My Commission expires: _____ _____, 20_____
(Month) (Day) (Year)