THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

DEPARTMENT OF BUILDING
AND ZONING SERVICES

Alarm Dealer Information Sheet

Phone: 614-645-8366
Email: alarms@columbus.gov

Requirements:

- Alarm Dealer Application
- Proof of Identity (e.g. State-issued driver license/ID card, Military ID, Passport)
- Certificate of Liability Insurance
    - $1,000,000 minimum coverage
    - Must contain endorsement providing for 10-day notice of cancelation or change to **City of Columbus License Section, 4252 Groves Rd, Columbus, OH 43232**
- Current list of active Alarm Agents
    - Provided quarterly by last day of March, June, September, and December
- BCI Background Check
  *If conducted at another authorized WebCheck agency, results must be mailed directly to the License Section

Fees:

Application	$20.00	New license	$400.00
BCI Background Check	$32.00	Renewal license	$250.00
		Late renewal	$50.00

*Please make checks payable to "City Treasurer – License Section"

Office Location and Hours:

4252 Groves Rd
Columbus, OH 43232

Monday – Friday
8:00 AM – 3:30 PM

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Office Use Only

License #: _____

Issue Date: _____

Exp Date: _____

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DEPARTMENT OF BUILDING AND ZONING SERVICES

Alarm Dealer Application

Address: 4252 Groves Road, Columbus, Ohio 43232
Phone: 614-645-8366
Email: alarms@columbus.gov

☐ New ☐ Renewal

Business Information:

Corporate Name: _____ Federal ID #: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Corporate Phone #: _____ Corporate Email: _____

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

Billing Address: _____ City: _____ State: ____ Zip Code: _____

Company Owner Information:

Name: _____ Title: _____

Phone #: _____ Email: _____

Applicant/Company Representative Information:

Name: _____ Title: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Driver License #: _____ State: _____

Phone #: _____ Email: _____

Have you **ever** been convicted of a felony? ☐ Yes ☐ No

List any theft or felony convictions in Ohio within the past seven (7) years (if none, write "none"): _____

_____

Are you on felony probation or parole? ☐ Yes ☐ No If yes, date began: _____

Have you **ever** been required to register as a sex offender? ☐ Yes ☐ No If yes, date registered: _____

Have you or your company had a City of Columbus license/permit refused, suspended, or revoked in the past three (3) years? ☐ Yes ☐ No

Alarm Dealer Affiliated Companies:

List all companies you are contracted with to sell, lease, monitor, maintain, service, repair, alter, replace, move, or install any alarm system in or on any building, structure, or facility within the jurisdiction of the City of Columbus:

Authorized Reseller Company Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Installation Company Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Monitoring Company Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Sales Company Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Service/Repair Company Name: _____ Phone #: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Other Affiliated Company: _____ Phone #: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Do you agree to conform to and abide by all statutes contained within Chapter 597 (governing Alarm Dealers)?

☐ Yes ☐ No

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 Columbus City Code 2321.13 (A)(3) and (A)(5).

State of _____, County of _____:

_____, bring duly sworn, deposes and says he or she is the

Print Applicant Name

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 Building and Zoning Services