

## PERMIT PROCEDURES ALARM DEALERS

**The City of Columbus has revised Columbus City Code 597, that governs the Alarm Industry.**

**Please review the code at:**

<https://www.columbus.gov/public-safety/License-Section/>

### APPLICATION PROCEDURES

- **Application Completed** in its entirety and notarized.
- **Proof of Identity of Company Representative.**  
*(examples: Copy of Driver's License or State issued ID).*
- **Certificate of Insurance** in an amount no less than *\$1,000,000 (one million)* and must contain an endorsement providing for 10 day notice of cancellation or change to the **City of Columbus – License Section, 4252 Groves Rd, Columbus, Ohio 43232**
- **A "Letter of Good Standing"** is required from the City of Columbus Department of Income Tax. Questions on how to obtain this should be directed to 614-645-7370
- **BCI Background Check:** The Company Representative is required to complete a statewide background check from their state of residence. The License Section can complete the background at our location for local applicants; at a cost of \$32.00. If you live in a closed record state, where you cannot receive a copy of your background check, please contact License Officer Glenn Rutter at 614-645-6854.

### Permit Fees

For new applicants **\$400.00**. For renewals **\$250.00**  
Include a Late Renewal Fee of **\$50.00**, if renewing past your expiration date.

*Make checks payable to the **City Treasurer - License Section***

#### **SUBMIT THE ABOVE REQUIRED INFORMATION TO:**

**Department of Public Safety  
License Section – AlarmUnit  
4252 Groves Rd  
Columbus, OH 43232  
Phone: 614-645-7960**



OFFICE USE ONLY

Permit No \_\_\_\_\_

BCI: NH MA OOS

# LICENSE SECTION ALARM DEALER APPLICATION



DEPARTMENT OF  
PUBLIC SAFETY

NEW \_\_\_\_\_

RENEWAL \_\_\_\_\_

## Business Information

Corporate Name \_\_\_\_\_ Federal I.D. # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Address City State Zip Code

Corporate Telephone \_\_\_\_\_

Business Name (DBA) (If different from above): \_\_\_\_\_

Business e-mail: \_\_\_\_\_

List the company owner's name, date of birth, home address and title.

1. \_\_\_\_\_  
Name Date of Birth  
Title Home Address City State Zip Code

## Company Representative

Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_  
Number Street Name City State Zip

Male: \_\_\_ Female: \_\_\_ Race: \_\_\_\_\_ Ht: \_\_\_ Ft \_\_\_ In Weight \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

List any theft or felony convictions, anywhere in the United States, within the past ten (10) years; if none write "none":  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

## ALARM DEALERS

**List all companies that you contract 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.**

**IF NONE WRITE "NONE"**

If you have more than one, use the additional lines below.

| Select Company Type      | Company Name | Mailing Address City, State<br>Zip Code | Phone # |
|--------------------------|--------------|---|---------|
| Authorized Reseller      |              |   |         |
| Installation Company     |              |   |         |
| Monitoring Company       |              |   |         |
| Sales Company            |              |   |         |
| Service / Repair Company |              |   |         |
|                          |              |   |         |
|                          |              |   |         |
|                          |              |   |         |
|                          |              |   |         |
|                          |              |   |         |

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 \_\_\_\_\_, COUNTY OF \_\_\_\_\_:

\_\_\_\_\_, 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)