



New ☐ Renewal ☐

License Fee: \$250.00

ALARM COMPANY LICENSE

Application

Applicant Name _____

Applicant Contact

Street Address _____ *City* _____ *State* _____ *ZIP Code* _____

Email Address _____ *Phone Number* _____

Business Name _____

Business Contact

Street Address _____ *City* _____ *State* _____ *ZIP Code* _____

Email Address _____ *Phone Number* _____

Applicant Age _____ **Length of time this business has been in Indianapolis** _____

Legal Status of Business (check box that applies)

Individual Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐

List the state where incorporated or authorized (if corporation). _____

Registered Agent Name _____

Registered Agent Address _____
Street Address _____ *City* _____ *State* _____ *ZIP Code* _____

If a Corporation, list the Principal Office of Corporation. _____

If a Corporation or Partnership, list the name and address of each corporate officer or partner.

Name _____ *Street Address* _____ *City* _____ *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____ *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____ *State* _____ *ZIP Code* _____

Name _____ *Street Address* _____ *City* _____ *State* _____ *ZIP Code* _____

Has the applicant or any partner or corporate officer for the applicant business ever been denied a license or had a license revoked or suspended?

Yes ☐ No ☐

Type of Alarm Services Provided (check all that apply)

Monitoring ☐ Installation ☐ Repair ☐ Maintenance ☐ Other ☐

Are all City, County, State, and Federal taxes paid?

Yes ☐ No ☐

List of Subcontractors

Name	Street Address	City	State	ZIP Code
Services Provided: Monitoring ☐ Installation ☐ Repair ☐ Maintenance ☐ Other ☐				
Name	Street Address	City	State	ZIP Code
Services Provided: Monitoring ☐ Installation ☐ Repair ☐ Maintenance ☐ Other ☐				
Name	Street Address	City	State	ZIP Code
Services Provided: Monitoring ☐ Installation ☐ Repair ☐ Maintenance ☐ Other ☐				
Name	Street Address	City	State	ZIP Code
Services Provided: Monitoring ☐ Installation ☐ Repair ☐ Maintenance ☐ Other ☐				
Name	Street Address	City	State	ZIP Code
Services Provided: Monitoring ☐ Installation ☐ Repair ☐ Maintenance ☐ Other ☐				
Name	Street Address	City	State	ZIP Code
Services Provided: Monitoring ☐ Installation ☐ Repair ☐ Maintenance ☐ Other ☐				

Please indicate that you agree or disagree by marking yes or no for the following statements.

1. Licensee is in good standing and has not had any license/registration to operate a business revoked/suspended.
Yes ☐ No ☐
2. Licensee is current with all City, County and State for any taxes, license fees, or any other indebtedness.
Yes ☐ No ☐
3. The person signing this application has the authority to sign for the business being licensed.
Yes ☐ No ☐
4. Licensee will permit inspections of the business and premises by public authorities acting pursuant to law.
Yes ☐ No ☐
5. Licensee will conduct the business and premises in such a manner as not to create a nuisance or any sort of hazard to the public.
Yes ☐ No ☐
6. Licensee will keep the premises clean and free from any sort of rubbish or combustible or explosive material.
Yes ☐ No ☐
7. Licensee agrees that the business and the premises on which the business is conducted will not be used for any unlawful purpose.
Yes ☐ No ☐
8. Licensee agrees to comply with the Revised Code of Indianapolis and Marion County and all other applicable laws ordinances, regulations, orders and decisions of public officials.
Yes ☐ No ☐

9. Licensee understands that the license may be suspended or revoked, and the licensee will be subject to prosecution if any applicable law, ordinance, regulation, order or decision is violated.
Yes ☐ No ☐
10. Licensee agrees to apply in writing to the Department of Business & Neighborhood Services before changing the location of the business (if permitted by ordinance).
Yes ☐ No ☐
11. Licensee agrees to give the Department of Business & Neighborhood Services written notice once the business ceases to exist.
Yes ☐ No ☐
12. Licensee agrees to give the Department of Business & Neighborhood Services written notice if there is any change in the licensed business during the term of the license such that the information provided in the application form is no longer complete or accurate within 30 days after such change occurs.
Yes ☐ No ☐

The undersigned affirms under penalty for perjury that the answers, representations and information provided in this application are true and correct.

Signature

Name Printed

Date