

CITY OF MARYSVILLE

APPLICATION FOR ALARM BUSINESS LICENSE

Application Date: _____

Expiration Date: January 31, _____

Business Name _____

Address _____

Phone Number (s) _____

Please fill in the following information. If a corporation, fill out this information for each officer (copy and attach).

Name of Owner, Partner, or Corporation Officer: _____

Residence Address: _____ City: _____

Residence Phone: _____ Date of Birth ___/___/___ Sex: ___M ___F

Social Security Number: _____

Name of Manager (if different from above): _____

Residence Address: _____ City: _____

Residence Phone: _____

Previously (past 5 years) operated businesses:
(additional information may be attached)

Trade name: _____ Address: _____

Trade name: _____ Address: _____

Currently operated businesses within the State of Ohio:
(additional information may be attached)

Trade name: _____ Address: _____

Trade name: _____ Address: _____

Please list all felony and misdemeanor convictions of proprietor, partner, principal officers, and employees, including date and location of each conviction:
(additional information may be attached)

Name: _____ Date: _____ Location: _____

Name: _____ Date: _____ Location: _____

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Have you ever been denied a license or permit in any jurisdiction to engage in the alarm business or have you had such license or permit revoked?

_____ No _____ Yes If yes, please state reason _____

How long have you been engaged in the alarm business and where? _____

Fire Prevention Inspection

Zoning Inspection

Date: _____

Date: _____

Signed: _____

Signed: _____

Application fee: \$100 Paid: ___/___/_____ Rec'd by: _____

I hereby agree that all of the above information is true. I also agree to update the above information by written notice within ten (10) days after substantial change in information.

Signed: _____ Printed name: _____

Title: _____ Date: _____

Attachments:

Return to: Administrative Assistant, 209 S. Main St., Marysville, OH 43040