

INSTRUCTIONS FOR
APPLICATION FOR LICENSE TO OPERATE
ALARM BUSINESS AS DEFINED BY
CHAPTER 720, ST. LOUIS COUNTY REVISED ORDINANCES

1. Fill out the attached application. **Every** question must be answered. Where not applicable, so state. **ANY APPLICATION NOT COMPLETELY FILLED OUT, SIGNED AND NOTARIZED WILL BE RETURNED.**
2. Where this application fails to provide adequate space to provide the required information, the applicant shall provide that information on separate sheets of paper attached to this application, and made a part hereof as though set out word-for-word within this application.
3. A fee of One Hundred Dollars (\$100.00) made payable to St. Louis County Department of Revenue must accompany the return of the application for License to Operate an Alarm Business.
4. Upon the filing a of license application, an investigation will be conducted to determine that all requirements as set forth in Section 720.050(4) are satisfied before approving the issuance of a license.

APPLICATION FOR LICENSE TO OPERATE
ALARM BUSINESS AS DEFINED BY
CHAPTER 720, ST. LOUIS COUNTY REVISED ORDINANCES

1. Name of Applicant (Corporation Name if a Corporation, Parent Corporation Name if Different from Subsidiary, Individual name if a Sole Ownership or Partners Names if a Partnership)

Address _____
Street City State Zip Code

Home Phone _____ Business Phone _____

2. Name of Alarm Business _____

Address _____
Street City State Zip Code

Phone _____

3. Kind of Business (Check One)

CORPORATION _____ (If checked attach a copy of State Certificate of Incorporation and Articles of Incorporation. If a Foreign Corporation submit copies of Foreign Corporation papers filed with the Missouri Secretary of State. These items are not required on renewals unless changes have been filed with the State.

SOLE OWNERSHIP _____

PARTNERSHIP _____

OTHER UNINCORPORATED ASSOCIATION (Specify) _____

4. Corporations - List the registered corporate name and the full name and title of the Corporate Officer(s):

A) Registered Corporate Name in the State of Missouri:

Name	Address	City	State	Zip Code
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B) Name and Title of the Corporate Officer(s):

Name	Title
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Name	Title
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Name	Title
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Name	Title
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5. Sole Ownership - List the name and home address of the owner.

Name	Address	City	State	Zip Code
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6. Partnership - List the names and home addresses of all partners.

Name	Address	City	State	Zip Code
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Name	Address	City	State	Zip Code
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Name	Address	City	State	Zip Code
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Name	Address	City	State	Zip Code
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7. Other Unincorporated Associations - List the names and home addresses of all associates.

Name	Address	City	State	Zip Code
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Name	Address	City	State	Zip Code
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Name	Address	City	State	Zip Code
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Name	Address	City	State	Zip Code
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8. List the addresses of all offices of the Alarm Business located in St. Louis County

9b) Have any of the persons listed on this application ever been convicted of any Statute, Law or Ordinance other than minor traffic violations?

Yes _____ No _____

If yes, describe fully _____

10) Give the mailing address of the person designated by the applicant to receive all notices pursuant to Chapter 702 SLCRO 1974, as amended:

Business Name _____
Attn: _____
Street _____
City _____ State _____ Zip Code _____

11) Attached to this application are the following:

- (a) Specifications of all alarm systems handled by the applicant;
(file only any changes since original application)
- (b) a copy of the instructions provided alarm users;
(file only any changes since original application)
- (c) a statement of repair and maintenance service to be made available to applicant's customers.
(file only any changes since original application)

These attachments are incorporated into this application by reference and are a part of this application as though set out word-for-word herein.

I do solemnly swear that the information contained in this application or incorporated hereby reference is true, correct, and complete to the best of my knowledge.

Print Name(s) of Owner(s), Partner(s) or Officer (give title in Corporation)

Signature of Owner(s), Partner(s) or Officer

Subscribed and sworn to before me this _____ day of _____, ____.

Notary Public

My Commission Expires: _____