



City of Phoenix

Police Department
Code Enforcement Unit

STAFF USE ONLY

Alarm Business License Number:

Primary Alarm Business

Reciprocal Alarm Business

City & Lic. # _____

Privilege Tax Lic. No. _____

ALARM BUSINESS LICENSE APPLICATION

1. Name of Alarm Business ("dba"):

2. Application Date

/ /

3. Business Address:

Street Address (include suite number, if any. No PO or Mail Box)

City, State, Zip

Business Phone

4. Mailing Address (for licensing correspondence):

Street Address or P.O. Box

City, State, Zip

5. Who owns the alarm business?

(If an individual, please list full name including middle name and any suffix such as Jr., Sr. or III)

(If a corporation, partnership, LLC or other legal entity, list company name exactly as it appears on organizational documents)

6. Business Type (please check one):

Individual

Corporation

General Partnership

Limited Liability Company

Limited Partnership

Other (please specify) _____

7. If any Business Type other than Individual:

Date of Incorporation: _____

State of Incorporation: _____

A copy of the business formation documents (Articles and Bylaws or similar documents) must be submitted with this application.

8. List the name and title of each "Controlling Person" as defined in Phoenix City Code Section 10-67(9):

(If the corporation is listed on a national stock exchange, you need only list one "Controlling Person". If any Controlling Person is a corporation or legal entity, list below and attach a list of all Controlling Persons of that entity)

9. If any Business Type other than Individual, please designate an individual Controlling Person residing in Arizona to act as Responsible Managing Officer (this person will need to sign this application, and will be the main point of contact between the alarm business and the City, including the Police Department for all false alarm or code violation issues.):

_____ Telephone Number (____) _____

Name (printed)

Applicant Information for Additional Controlling Person

Business Name: _____

1. Full Name:	2. Other names or aliases (including maiden name):
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3. List of all residences during the past five years, beginning with the most current. Include to and from dates. No PO Boxes.

4. List of all employment during the past five years, beginning with the most current, with to and from dates. Include self-employment and unemployment, as applicable.

5. Home Telephone Number (include area code):	6. Message number (include area code):
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7. Facsimile Number, if any (include area code):	8. E-Mail Address (if any):
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9. Date of Birth:	10. Height:	11. Weight:	12. Hair Color:	13. Eye Color:
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14. **Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.**
 Type of I.D.: _____ I.D. Number: _____ Expires: _____

15. Have you or any business for which you were a "Controlling Person" ever had an alarm business, alarm agent or similar license refused, denied, canceled, suspended or revoked?
 Yes No If "Yes", please list the reason(s) for such action, along with the date and jurisdiction:

16. Have you ever been convicted of **ANY** crime (**INCLUDING** major traffic offenses, such as DUI, hit and run accident, reckless driving, or felony flight, etc), or are you currently pending trial or other court proceeding for any criminal offense? **FAILURE TO ANSWER TRUTHFULLY WILL RESULT IN A DENIAL OF YOUR APPLICATION. INITIAL NEXT TO YOUR ANSWER.**
 Yes _____ No _____
 If "Yes", please describe:

17. I UNDERSTAND FAILURE TO COMPLETE THIS APPLICATION TRUTHFULLY WILL RESULT IN DENIAL, AND I CERTIFY THE ABOVE INFORMATION IS CORRECT.
 Applicant Signature: _____ Corporate Title (if applicable): _____ Date: _____

DO NOT WRITE BELOW THIS LINE -- FOR STAFF USE ONLY

	Alarm Business License Number	Proof of Age <input type="checkbox"/>	Staff Initials
	Departmental Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
	Police: _____ / /		

Alarm Business Agent Information: (attach an additional sheet, if needed)

*Alarm Business Owners that install, service, maintain, or repairs must be listed as an alarm agent. If you subcontract alarm agent services, please list the name of the business you use for installation, service, maintenance, and/or repairs. If you do not employ or subcontract agent service, indicate on form.

Alarm Business Name _____

Alarm Agents Employed or Contracted:

Name of Agent _____ Cancel Date ___/___/___

Address _____

City, State, Zip _____ Business Phone: _____

If Contracted – Agent’s Business Name: _____

Name of Agent _____ Cancel Date ___/___/___

Address _____

City, State, Zip _____ Business Phone: _____

If Contracted – Agent’s Business Name: _____

Name of Agent _____ Cancel Date ___/___/___

Address _____

City, State, Zip _____ Business Phone: _____

If Contracted – Agent’s Business Name: _____

Alarm business owner or manager signature

This form must be returned with application

Alarm Business Location Information: (attach an additional sheet, if needed)

LOCATION LIST

Please include all cities, towns or municipalities in Arizona, besides Phoenix, where you plan to do business. This list is to ensure you do not perform unnecessary licensing under the reciprocal licensing program within the state of Arizona.

Arizona Reciprocal Jurisdictions

- Chandler
- Mesa
- Tucson

Other Arizona Jurisdictions (Please mark all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Apache Junction | <input type="checkbox"/> Gila Bend | <input type="checkbox"/> Payson |
| <input type="checkbox"/> Avondale | <input type="checkbox"/> Gilbert | <input type="checkbox"/> Peoria |
| <input type="checkbox"/> Benson | <input type="checkbox"/> Glendale | <input type="checkbox"/> Pima County |
| <input type="checkbox"/> Buckeye | <input type="checkbox"/> Globe | <input type="checkbox"/> Pinal County |
| <input type="checkbox"/> Bullhead City | <input type="checkbox"/> Goodyear | <input type="checkbox"/> Pinetop-Lakeside |
| <input type="checkbox"/> Carefree | <input type="checkbox"/> Guadalupe | <input type="checkbox"/> Prescott |
| <input type="checkbox"/> Casa Grande | <input type="checkbox"/> Holbrook | <input type="checkbox"/> Prescott Valley |
| <input type="checkbox"/> Cave Creek | <input type="checkbox"/> Huachuca City | <input type="checkbox"/> Scottsdale |
| <input type="checkbox"/> Clifton | <input type="checkbox"/> Kearney | <input type="checkbox"/> Show Low |
| <input type="checkbox"/> Colorado City | <input type="checkbox"/> Lake Havasu City | <input type="checkbox"/> Sierra Vista |
| <input type="checkbox"/> Coolidge | <input type="checkbox"/> Litchfield Park | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cottonwood | <input type="checkbox"/> Mammoth | |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Maricopa County | |
| <input type="checkbox"/> Duncan | <input type="checkbox"/> Miami | |
| <input type="checkbox"/> Eloy | <input type="checkbox"/> Nogalas | |
| <input type="checkbox"/> Flagstaff | <input type="checkbox"/> Oro Valley | |
| <input type="checkbox"/> Florence | <input type="checkbox"/> Page | |
| <input type="checkbox"/> Fountain Hills | <input type="checkbox"/> Paradise Valley | |

Alarm business owner or manager signature

This form must be returned with application

ADDITIONAL REQUIREMENTS FOR ALARM BUSINESS APPLICATION

For Primary Alarm Business Applications:

Proof of Age (each controlling person must submit a clear copy of Driver's License or other government issued ID with picture)

Each controlling person must submit one set of fingerprints for background check. You may come down in person and have your prints taken at no charge or you can have your fingerprints taken at the nearest Police Department. Your fingerprints must be done on an Applicant Fingerprint Card, FD-258 form (Revised 12-29-82).

Each controlling person must submit one (1) current photo – must be 2"x2"

Agent List – persons who install, repair, maintain, etc. – Supplement Form attached.

Location List – names of all cities, towns, and municipalities in Arizona where you do business. Supplement form attached.

Copy of Articles of Incorporation and Bylaws

****All corporations must be registered with the Arizona Corporation Commission****

Copy of Contractors License

Copy of State Transaction Privilege Tax License (Issued by Arizona Department of Revenue)

Copy of City of Phoenix Transaction Privilege Tax License

Fees: \$200 application fee

\$24 background investigation fee for each fingerprint card or controlling person. (both fees must be made payable to the City of Phoenix. Please submit two separate checks if possible).

For Reciprocal Alarm Business Applications:

Proof of Age (each controlling person must submit a clear copy of Driver's License or other government issued ID with picture)

Each controlling person must submit one (1) current photo – must be 2"x2"

Agent List – persons who install, repair, maintain, etc. – Supplement Form attached.

Location List – names of all cities, towns, and municipalities in Arizona where you do business. Supplement Form attached.

Copy of Articles of Incorporation

Copy of Contractors License

Copy of State Transaction Privilege Tax License (Issued by Arizona Department of Revenue)

Copy of City of Phoenix Transaction Privilege Tax License

Copy of current Primary Alarm Business License from one of the following cities: Chandler, Az. Mesa Az., or Tucson, Az.

Fees: \$75 application fee - Must be made payable to the City of Phoenix.

Completed application, along with all other requirements, and fees must be brought in or mailed to:

**Phoenix Police Department
Attn: Code Enforcement Unit
1717 East Grant Street, Suite 100
Phoenix, Arizona 85034**

If you have any questions, please contact us at (602) 534-0322