

TOWN OF OCEAN RIDGE
ALARM BUSINESS LICENSE APPLICATION

Pursuant to Town Code **Article II, Section 6.36 (a)**, any person engaging in an alarm business in Town shall apply to the Chief of Police for a license to operate.

Business Name: _____

Business Address: _____
Street City & State Zip

Business Phone #: _____ Fax #: _____

TYPE OF BUSINESS - CHECK ONE

- () Individual Proprietorship - Fill in below information for owner.
- () Partnership - Fill in below information for each partner (general, limited, silent, etc.).
- () Corporation - Fill in below information for each director, principal officer, and stockholder holding more than 20% of the corporation's authorized & issued stock.

SUBJECT - 1

Name: _____ Position Held: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Address: _____
Street City & State Zip

Phone #: _____ Soc. Sec. #: _____

Aliases: _____

Driver's License #: _____ State Issued: _____

SUBJECT - 2

Name: _____ Position Held: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Address: _____
Street City & State Zip

Phone #: _____ Soc. Sec. #: _____

Aliases: _____

Driver's License #: _____ State Issued: _____

TOWN OF OCEAN RIDGE
ALARM BUSINESS LICENSE APPLICATION

The undersigned, understands all employees, including owners, managers, corporate officers and partners of the alarm business are required to obtain identification cards if they directly engage in selling, installing, servicing, maintaining or responding to alarm systems within the Town. Any person, who, as an employee of a licensed alarm business, has access to confidential information of an alarm user, or to monitoring radio equipment, must also obtain an identification card.

The undersigned further understands it shall be a misdemeanor for the alarm business to fail to return the identification card issued by the Chief of Police upon termination of employment of the alarm agent.

The undersigned hereby certifies that upon receipt of notice of approval of this license application, the alarm business shall maintain a description of the alarm systems and devices offered for sale or lease to the public, and a description of any services related to alarm devices offered to the public.

The undersigned further certifies that upon receipt of notice of approval of this license application, a complete list of the names and addresses of all persons in the Town to whom or for whom systems have been sold and who are currently under contract to the alarm business for services shall be furnished to the Chief of Police. Any additions or deletions to this list shall be reported in writing to Police Department within five (5) days of such change.

The undersigned further certifies that any substantial change in the information required in this application shall be reported in writing to the Police Department within five (5) days.

The undersigned, understands that upon furnishing the information required under Town Code **Article II, Section 6-36**, and upon the completion of a background check with the Florida Department of Law Enforcement in Tallahassee, the Chief of Police shall either approve or deny the issuance of a license.

A non-returnable application fee payable to the **Town of Ocean Ridge** is attached, which is \$ 15.00 for the qualifier of the business, and for each individual alarm agent applying.

Business Name: _____ Date Submitted: _____

Applicant's Signature

Title

For Police Department Use

() Denied Date: _____

() Approved Date: _____

Chief of Police

License #: _____

Issued to Applicant on: _____

TOWN OF OCEAN RIDGE
ALARM BUSINESS LICENSE APPLICATION

SUBJECT - 1

Applicant's Name: _____ Date Submitted: _____

Pursuant to Town Code **Article II, Section 6.36 (a)(4)**, and Florida State Statute **166.0433** (1986), the following additional information is required of the applicant:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared _____, who after being duly sworn, deposes and says:

(1) Any and all disciplinary measures taken against me since I was 18 years old, by any licensing agency, professional organization, armed forces unit, or other police or governmental body are listed below: (Do not list non-criminal traffic citations or administrative punishment under Article 15, U.C.M.J). **If "None" then state "None"**.

<u>Date</u>	<u>Type of Discipline</u>	<u>Reason for Discipline</u>
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(2) Any and all arrests of me by any police agency since I was 18 years old are listed below: . **If "None" then state "None"**.

<u>Date</u>	<u>Alleged Offense</u>	<u>Disposition</u>
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(2) I understand that any **untruthful statement** or **item undisclosed** on this affidavit may be grounds for revocation and withdrawal of any license or alarm agent identification card issued to me by the Town of Ocean Ridge Police Department. I authorize the Town of Ocean Ridge and its agents to verify all information supplied by me. I also authorize any former employer, licensing agency, professional organization, armed forces unit, or other police or governmental body to furnish the Town of Ocean Ridge with all information in it's possession regarding my background. I hereby **waive my rights** under all State and Federal Privacy Acts regarding the above information.

(4) Further, Affiant sayeth naught.

SWORN TO AND SUBSCRIBED before me

this _____ day of _____ 20 _____

NOTARY PUBLIC

Affiant/Applicant Signature

My Commission Expires: _____

TOWN OF OCEAN RIDGE
ALARM BUSINESS LICENSE APPLICATION

SUBJECT - 2

Applicant's Name: _____ Date Submitted: _____

Pursuant to Town Code **Article II, Section 6.36 (a)(4)**, and Florida State Statute **166.0433** (1986), the following additional information is required of the applicant:

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared _____, who after being duly sworn, deposes and says:

- (1) Any and all disciplinary measures taken against me since I was 18 years old, by any licensing agency, professional organization, armed forces unit, or other police or governmental body are listed below: (Do not list non-criminal traffic citations or administrative punishment under Article 15, U.C.M.J). **If "None" so state.**

<u>Date</u>	<u>Type of Discipline</u>	<u>Reason for Discipline</u>
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- (2) Any and all arrests of me by any police agency since I was 18 years old are listed below: **If "None" so state.**

<u>Date</u>	<u>Alleged Offense</u>	<u>Disposition</u>
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- (3) I understand that any **untruthful statement or item undisclosed** on this affidavit may be grounds for revocation and withdrawal of any license or alarm agent identification card issued to me by the Town of Ocean Ridge Police Department. I authorize the Town of Ocean Ridge and its agents to verify all information supplied by me. I also authorize any former employer, licensing agency, professional organization, armed forces unit, or other police or governmental body to furnish the Town of Ocean Ridge with all information in its possession regarding my background. I hereby **waive my rights** under all State and Federal Privacy Acts regarding the above information.

(4) Further, Affiant sayeth naught.

SWORN TO AND SUBSCRIBED before me

this _____ day of _____ 20_____

NOTARY PUBLIC

Affiant/Applicant

My Commission Expires: _____