

APPLICATION FOR ALARM COMPANY REGISTRATION CITY OF SHERMAN, STATE OF TEXAS

Permit No. _____
Exp. Date _____
Received By _____
Date Received _____
Departmental Use Only: _____

1. Alarm Company Name: _____
- Address (Physical): _____
- City _____ State: _____ Zip Code _____ Phone (____) _____
- Address (Mailing): _____
- City _____ State: _____ Zip Code _____ Phone (____) _____

2. Alarm Company License No. _____ (As issued to the Alarm Company by the Texas State Board of Private Investigators and Private Security Agency Board.) Article 4413 (29bb) V.A.T.C.S., as amended by the 67th Texas Legislature.
3. Information reference to each owner, officer, partner or stockholder holding 25% or more interest in said Alarm Company:

NAME	ADDRESS	HOME PHONE	WORK PHONE
1.			
2.			
3.			
4.			

4. Description of services made available and offered to Permit Holders within the City relating to the sale, installation, servicing, monitoring and/or alarm systems alarm response services provided:
- _____
- _____
- _____
- _____

5. I hereby affirm that the above information is true to the best of my knowledge and further affirm that this alarm company does not violate the regulations set forth in City Ordinance No. 4220.

SIGNATURE OF APPLICANT

TITLE

DATE