

**GRANDVIEW POLICE DEPARTMENT**  
**BUSINESS ALARM SUBSCRIBER PERMIT**

Date of Application: \_\_\_\_\_ Date Alarm Placed in Service: \_\_\_\_\_

**BUSINESS APPLICANT INFORMATION**

BUSINESS NAME: \_\_\_\_\_

ADDRESS (LOCATION OF ALARM): \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

BILLING ADDRESS: \_\_\_\_\_  
(If different from above) STREET ADDRESS CITY STATE ZIP CODE

PHONE # AT BUSINESS: \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

**ALARM EQUIPMENT**

TYPE OF ALARM: (Check All Applicable)

Intrusion  Hold-up  Panic  Outside Audible  Fire  Medical Emergency

Alarm system is equipped to cease emitting an audible exterior alarm sound within thirty (30) minutes of activation (as required by City ordinance) Yes  No

Name & Address of firm installing (or who has already installed) the system:

NAME OF FIRM STREET ADDRESS CITY STATE ZIP CODE

If system is serviced or maintained by someone other than the alarm subscriber list name and address:

NAME OF FIRM STREET ADDRESS CITY STATE ZIP CODE

IS ALARM MONITORED BY AN ALARM SERVICE:  Yes  No If yes, by whom?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

PREMISE INFORMATION:  Guard Dog  Explosives/Hazardous Material  
 Other (explain)

Please explain any additional information that would be useful to responding personnel:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

Should the police department need to contact a responsible party or associate about the alarm *during* business hours, the following persons may be called:

Permit & application fee received \_\_\_\_\_ APN # \_\_\_\_\_

<i>NAME</i>	<i>TITLE/POSITION</i>	<i>CAN THIS PERSON RESET THE ALARM</i>	<i>PHONE NUMBER</i>

Should the police department need to contact a responsible party or associate about the alarm *after* business hours, the following persons may be called:

<i>NAME</i>	<i>TITLE/POSITION</i>	<i>CAN THIS PERSON RESET THE ALARM</i>	<i>PHONE NUMBER</i>

***(MUST KEEP THE ABOVE INFORMATION CURRENT)***

Undersigned representative of the business requesting application agrees that the City of Grandview shall have no responsibility in rendering or not rendering any service or in termination of service in connection with any alarm or alarm system, any service being voluntary and solely for the benefit and at no expense to the applicant.

<i>Signature of person representing the business requesting application:</i>	<i>Date:</i>
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UPON RECEIPT AND APPROVAL OF THIS APPLICATION YOU WILL RECEIVE A PERMANENT ALARM USER NUMBER AND A WINDOW STICKER WHICH INDICATES THAT YOUR SECURITY SYSTEM IS REGISTERED WITH THE GRANDVIEW POLICE DEPARTMENT.

RETURN THIS COMPLETED APPLICATION ALONG WITH THE \$10.00 REGISTRATION FEE TO:

GRANDVIEW POLICE DEPARTMENT  
 BUSINESS PERMIT APPLICATION  
 1200 MAIN STREET  
 GRANDVIEW MO 64030

If you have questions regarding the City ordinance regulating false alarms/security systems or you require assistance in completing this permit application, contact the Alarm Coordinator at 316-4900