



"meeting community needs
.....enhancing quality of life"

**PERMIT for
ALARM BUSINESS/ALARM OWNER**

FEES ARE NON-REFUNDABLE		Date Recv'd ___/___/___
Permit Fee	\$ 35.00	ChargeCode: CLLALM
Receipt	_____	

SECTION 1 – BUSINESS/OWNER INFORMATION – Answer all questions completely.

Business/Owner Name				
Street Address		City	State	Zip
Business Telephone Number	Fax number	Email address: <i>(Mandatory)</i>		
What is the number of Commercial Alarm Clients you support in the City of Appleton?	What is the number of Residential Alarm Clients you support in the City of Appleton?	Contact Name		

SECTION 2 – LOCAL (CONTACT) INFORMATION

Agent/Owner Name		Agent/Owner Telephone Number		
Alternate Telephone Number		Email Address (Mandatory)		
Home Street Address		City	State	Zip

SECTION 3 – PENALTY NOTICE

I have carefully read the completed application and know it to be true and correct. I accept responsibility for the payment of all fees and fines that may result from the actions of the Alarm Business that I own or represent.

Signature of Applicant: _____

FOR OFFICE USE ONLY

Date permit issued	Permit Number
--------------------	---------------

1/18/19

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799