



Alarm Business License Application

MCP FORM 692
REVISED: 01/2010

A \$200 fee is required with each application. Make check or money order payable to Montgomery County. All information must be typed or printed. Please return the completed form and fee to: False Alarm Reduction Section • P. O. Box 83399 • Gaithersburg, MD 20883-3399.

Business Type: Corporation Sole Proprietorship Partnership

A. Maryland Security Systems Agency License No: _____ *You must provide a copy of your State license with this application. Failure to comply with this question will result in the denial of your Montgomery County Alarm Business License Application.* (Reference Title 18, Sec. 18-301, Subtitle 3. Licensing, of the Annotated Code of Maryland.)

B. Business/Corporation Information (ALL APPLICANTS MUST COMPLETE THIS SECTION. Then, if your business is a corporation, complete this section then go to Section C. Sole proprietors and partnerships, complete this section then go to Section D.)

Business/Corporate Name _____
Trade Name _____ Employer/Federal Tax ID No. _____
Street Address _____
City _____ State _____ Zip _____
Phone(toll free)() _____ Work() _____ Fax() _____
Business/Corporate E-Mail Address _____

C. Corporate Officers (For corporations)

President _____ **Secretary** _____
Home Address _____ Home Address _____
City, State, Zip _____ City, State, Zip _____
Home Phone() _____ Home Phone() _____
President Driver's License No. _____

Vice President _____ **Treasurer** _____
Home Address _____ Home Address _____
City, State, Zip _____ City, State, Zip _____
Home Phone() _____ Home Phone() _____

If your business is incorporated in a state other than Maryland, please complete the following:

Local Resident Agent _____ Phone() _____
Street Address _____
City _____ State _____ Zip _____

D. Business/Owner Information (For sole proprietors and partnerships)

Owner(s) Name(s) _____
Home Street Address _____
City _____ State _____ Zip _____
Phone(Home() _____ Owner Driver's License No. _____

E. Type of Alarm Business (Check all that apply) Sell Lease Install Monitor Service Respond

F. Number of Active Alarm Customers in Montgomery County: Residential _____ Non-Residential _____

G. Local Office Information:

Montgomery County Contact Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Phone(toll free)(_____) _____ Work(_____) _____ Fax(_____) _____

E-Mail Address _____

H. Business Contacts

Customer Service Manager Name _____ Phone (_____) _____

E-Mail Address _____

Monitoring Center Manager Name _____ Phone (_____) _____

E-Mail Address _____

I. List any associated alarm business with which you contract, including name and Montgomery County alarm business license number, that may alter, lease, maintain, monitor, repair, replace, sell at retail, service or respond to an alarm system in Montgomery County. Use a separate sheet of paper for additional information.

Name _____ Montgomery County Alarm Business License No. _____

Name _____ Montgomery County Alarm Business License No. _____

J. Have you ever been convicted of any felony or a misdemeanor involving theft within the last 7 years? Yes No

If yes, please explain. Include the date and state of conviction. _____

K. Has a criminal background check been conducted on all employees involved in the sale, installation and monitoring of alarm systems? Yes No

L. Has your alarm business license ever been suspended or revoked in this or any other jurisdiction? Yes No

If yes, please explain. Include the date and state imposing suspension or revocation _____

Notice: False statements to any of the questions contained in this application form may constitute perjury. Perjury, fraudulent behavior, or any violation of the conditions for the issuance of this license will result in refusal of license, or if granted, in revocation or suspension of same. Each separate violation of the license provisions may result in a civil fine of \$500.00.

I hereby certify that I have received a copy of Chapter 3A, Alarms, of the Montgomery County Code, and am aware of the conditions, requirements, and penalties set forth therein.

I do solemnly declare and affirm under penalties of perjury that the contents of this application are true and correct.

Signature of President of Corporation or Owner of Business

Date

STATE OF _____ COUNTY OF _____

Sworn to before me this _____ day of _____ 20____

My Commission expires _____ Notary Public _____

OFFICIAL USE ONLY: Approved Disapproved Initials _____ Date _____

License No. _____ Issue Date _____ Expiration Date _____

Check/Money Order No. _____ Amount _____

CALEA STANDARD REF: NONE
PROPOSER UNIT: FARS