



# City of Salisbury

## Alarm Business License Application

**A \$75.00 fee is required with each application.** Make check or money order payable to City of Salisbury. All information must be typed or printed. Please return the completed form and fee to: City of Salisbury Finance Department 125 N. Division St Salisbury, Maryland 21801

**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 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 \_\_\_\_\_

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 Salisbury:** Residential \_\_\_\_\_ Non-Residential \_\_\_\_\_  
Attach a list of names, addresses, phone numbers for business & residences who have an alarm system purchase and/or maintained by Alarm Company.

**G. Local Office Information:** \_\_\_\_\_

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 alarm business license number, that may alter, lease, maintain, monitor, repair, replace, sell at retail, service or respond to an alarm system in Salisbury. Use a separate sheet of paper for additional information.**

Name \_\_\_\_\_ Name \_\_\_\_\_

**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.**

Within thirty (30) days after the receipt of an application, the Chief of Police shall cause an investigation to be made of the applicant and his proposed operation and report his findings to the Finance Director. Upon violation of any terms of Ordinance 2326 by any licensee or the failure of any licensee to comply with the provisions of Ordinance 2326, the Salisbury Police Department, after a hearing, may revoke or suspend the license

**FAILURE TO COMPLY WITH ORDINANCE 2326 CAN RESULT IN THE PENALTY FOUND BELOW:**

- A. The penalty for false alarms is provided for in Section 8.04.050.
- B. Any alarm company doing business in the City in violation of Section 8.04.120 shall be guilty of a misdemeanor and subject to a fine not to exceed Five Hundred Dollars (\$500.00) and imprisonment not to exceed thirty (30) days, as more particularly provided in that section.
- C. Any violation of this Chapter which does not specifically provide for a penalty shall be a misdemeanor and subject to a fine of not more than One Hundred Dollars (\$100.00).

**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 \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Check/Money Order No. \_\_\_\_\_ Amount \_\_\_\_\_