

City of Salisbury Alarm Business License Application

A \$80.00 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 Business/Corporate E-Mail Address C. Corporate Officers (For corporations) Secretary President Home Address Home Address City, State, Zip City, State, Zip Home Phone() Home Phone() President Driver's License No. Vice President_____Treasurer_____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 _____State_____Zip____ City D. Business/Owner Information (For sole proprietors and partnerships) Owner(s) Name(s) Home Street Address Zip State City

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 Custome	ers in Salisbury: Resident	ial Non-Resid	ential
Attach a list of names, addresses, pho			
maintained by Alarm Company.			
G. Local Office Information:			
Contact Name(s)			
Street Address	City	State	Zip
Phone(toll free)()	Work <u>()</u>	Fax <u>(</u>)
E-Mail Address			
H. Business Contacts			
Customer Service Manager Name		Phon	e <u>()</u>
E-Mail Address			
Monitoring Center Manager Name			e <u>()</u>
E-Mail Address			
J. Have you ever been convicted of a If yes, please explain. Include the date and	state of conviction.		
K. Has a criminal background che monitoring of alarm systems? Yes		all employees involved in t	he sale, installation and
L. Has your alarm business license	ever been suspended or	revoked in this or any other ju	urisdiction? Yes 🗆 No 🗆
If yes, please explain. Include the date and	I State imposing suspension o	or revocation	
Notice: False statements to any of th Perjury, fraudulent behavior, or any in refusal of license, or if granted, in	violation of the condi	tions for the issuance of th	
Within thirty (30) days after the receipt of a his proposed operation and report his findin the failure of any licensee to comply with th or suspend the license	igs to the Finance Director. U	Ipon violation of any terms of Ordin	ance 2326 by any licensee or
FAILURE TO COMPLY WITH ORDINANCI A. The penalty for false alarms is provided f B. Any alarm company doing business in th	for in Section 8.04.050.		

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		of	20
My Commission expires		Notary Public	c	
OFFICIAL USE ONLY: Approved	Disapproved	Initials	Date	
Issue Date	Expiration Date			SPD FORM 078 REVISED: 6/2020
Check/Money Order No.	Amount			