



POLICE ALARM LICENSE APPLICATION
CHECKLIST / WORKSHEET

Attached is the application of a Police Alarm System License for the City of Montrose, along with an Individual History Record and a Confidential Inquiry Waiver. Also included is Section 5-3 of the City of Montrose Municipal Code in regard to Police Alarm Systems.

The checklist below must be completed by the applicant and submitted to the City Clerk, along with the necessary documents.

NAME OF APPLICANT: \_\_\_\_\_

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

NAME OF INDIVIDUALS ENGAGING IN BUSINESS WITHIN THE CITY OF MONTROSE ON BEHALF OF THE APPLICANT: \_\_\_\_\_

PLEASE CHECK ALL APPROPRIATE BOXES:

Table with 3 columns: Applicant, City, Documents. Documents are categorized into I. APPLICATION, II. SURETY BOND, and III. BACKGROUND INFORMATION, each with sub-items A, B, C, and D.

NOTICE TO APPLICANT: Your license application and background checks will be processed as quickly as possible, with issuance of your license in approximately thirty (30) days from the date you submitted your application.

City of Montrose police alarm license rules and regulations may be found in the City of Montrose Municipal Code TITLE V: BUSINESS REGULATIONS, Chapter 5-3.



# Police Alarm License Application

City of Montrose, P.O. Box 790, 433 South First Street, Montrose, CO 81402  
Phone 970-240-1421 / Fax 970-240-1493  
www.cityofmontrose.org

DATE OF APPLICATION: \_\_\_\_\_  
NAME OF APPLICANT: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
NAME OF BUSINESS: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**IF APPLICANT IS A CORPORATION:**

• Organized under the laws of the State of \_\_\_\_\_  
Date: \_\_\_\_\_ Date of last filing with Secretary of State: \_\_\_\_\_

• Principal business conducted at \_\_\_\_\_  
County of \_\_\_\_\_ State of \_\_\_\_\_

• Corporate Officers:

President: \_\_\_\_\_  
Name Address Date of Birth

Vice President: \_\_\_\_\_  
Name Address Date of Birth

Secretary: \_\_\_\_\_  
Name Address Date of Birth

Treasurer: \_\_\_\_\_  
Name Address Date of Birth

**IF APPLICANT IS A PARTNERSHIP, LIST PARTNERS:**

Name	Address	Date of Birth
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____
• _____	_____	_____

**MANAGER OF BUSINESS** (If not the applicant):

Name	Address	Date of Birth
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**EMPLOYEES WHO WILL INSTALL AND/OR MAINTAIN ALARM SYSTEMS:**

Note: each person, including the applicant, who will be involved in the installation and/or maintenance of alarm systems must also submit an **Individual History Record and the Confidential Inquiry Waiver**.

Name	Address	Date of Birth
•		
•		
•		
•		
•		

Has the applicant or any of the partners, officers, stock holders (if not traded publicly), directors or employees ever been convicted of a felony in the State of Colorado or convicted of a crime elsewhere which would be a felony if committed in the State of Colorado? If the answer is yes, please state the full details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Colorado State sales number: \_\_\_\_\_
- City of Montrose sales tax account number: \_\_\_\_\_
- Has the applicant, corporation or partnership of said applicant ever been denied a Police alarm System License? No  Yes
- Are the premises, which will be the principal business location, owned or rented?  
Owned  Rented  If rented, from whom? \_\_\_\_\_
- Attach an application fee of \$100.00 (check made payable to City of Montrose).
- Attach a good and sufficient bond in the amount of \$10,000 in a form approved by the City guaranteeing the faithful and honest conduct of business under the license and running in favor of the City and customers of the applicant.

Name three references who can verify your qualifications and desirability as an installer and/or maintainer of Police alarm systems. Show the number of years you have known each.

	Name	Address & Phone Number	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Affidavit of Applicant:** I certify that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false, misleading or fraudulent statement of material fact in this application is reason for denial or revocation.

\_\_\_\_\_  
Signature of Applicant

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_