



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.

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 _____, 2016.

Witness my hand and official seal.

Notary Public

My Commission expires: _____



POLICE ALARM / PAWNBROKER LICENSE APPLICATION
INDIVIDUAL HISTORY RECORD

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 (full name):
ALSO KNOWN AS (nickname, aliases maiden, etc.):
HOME ADDRESS:
MAILING ADDRESS (if different from above):
NAME OF BUSINESS:
BUSINESS ADDRESS:
HOME PHONE: BUSINESS PHONE:
DATE OF BIRTH: PLACE OF BIRTH:
HEIGHT: WEIGHT: SOC. SECURITY NO.:
DRIVER'S LICENSE NUMBER: STATE of ISSUE:
U.S. CITIZEN? Yes No. If naturalized, state, city and date of naturalization and certificate number
HIGH SCHOOL GRADUATE? Yes No School and year graduated

List of all schools of higher learning you may have attended, setting forth dates, courses of study and degrees or certificates obtained, if any (use additional paper if necessary).

Three horizontal lines for listing schools of higher learning.

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, FINED, IMPRISONED, PLACED ON PROBATION, RECEIVED A SUSPENDED SENTENCE OR FORFEITED BAIL FOR ANY OFFENSE IN CRIMINAL OR MILITARY COURT? (Do not include traffic offenses unless they resulted in loss of your driver's license or imprisonment.)
Yes No

IF YES, LIST AND EXPLAIN
Three horizontal lines for explanation.

INDIVIDUAL HISTORY (CONT)

LIST ALL PLACES OF RESIDENCE FOR THE PAST 15 YEARS: (attach additional sheets if needed)

	City, State	Street Address	From - To
1.			
2.			
3.			
4.			

LIST ALL EMPLOYER OR PLACES OF BUSINESS DURING THE PAST 15 YEARS: (attach additional sheets if needed). Start with most recent.

1.

Business Name	Street Address, City, State	From - To
Supervisor	Duties	
Reason for Leaving		

2.

Business Name	Street Address, City, State	From - To
Supervisor	Duties	
Reason for Leaving		

3.

Business Name	Street Address, City, State	From - To
Supervisor	Duties	
Reason for Leaving		

4.

Business Name	Street Address, City, State	From - To
Supervisor	Duties	
Reason for Leaving		

INDIVIDUAL HISTORY (CONT)

Have you ever held a privileged or professional license or certificate in any state such as architect, doctor, teacher, police officer? Yes No If so, specify what and when.

Certificate still valid? Yes No If not, state reason: _____

I understand that a false answer to any of the foregoing can subject this application to denial or a license to revocation. I certify that all of the information in this individual history record is complete and correct to the best of my knowledge and belief. Further, I authorize through the attached confidential inquiry waiver agents of the Montrose Police Department to obtain whatever information deemed necessary in confirmation of my statements.

Signature of Applicant

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me by _____ this _____ day of _____, 2016.

Witness my hand and official seal.

Notary Public

My commission expires: _____

CONFIDENTIAL INQUIRY WAIVER

TO: MONTROSE POLICE DEPARTMENT

I request that you furnish information concerning my employment record, school record, financial and credit status, arrest record and any other requested information which might bear on my suitability to perform as a **POLICE ALARM INSTALLER**. In this connection, I authorize release of any and all information that you may have concerning me, to include information of a confidential or privileged nature.

I hereby release you, your organization or others from any civil or criminal liability or damage, which may result from furnishing the information requested above.

A copy of this authorization will be furnished for you records.

Signature of Applicant

Printed Name of Applicant

Date

The above information is to be furnished to the City of Montrose, Colorado, Police Department and is for official use only in the conduct of background investigation begin conducted for licensing purposes. Please mail information to:

MONTROSE POLICE DEPARTMENT
P O Box 790
Montrose, CO 81402-0790
Attention: Investigations Section

This original document will be maintained on file with the above named agency.