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Name

Title

5. Sole Ownership - List the name and home address of the owner.

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Name

Address

City

State

Zip Code

6. Partnership - List the names and home addresses of all partners.

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Name

Address

City

State

Zip Code

---

Name

Address

City

State

Zip Code

---

Name

Address

City

State

Zip Code

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Name

Address

City

State

Zip Code

7. Other Unincorporated Associations - List the names and home addresses of all associates.

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Name

Address

City

State

Zip Code

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Name

Address

City

State

Zip Code

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Name

Address

City

State

Zip Code

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Name

Address

City

State

Zip Code

8. List the addresses of all offices of the Alarm Business located in St. Louis County

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9b) Have any of the persons listed on this application ever been convicted of any Statute, Law or Ordinance other than minor traffic violations?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe fully \_\_\_\_\_

10) Give the mailing address of the person designated by the applicant to receive all notices pursuant to Chapter 702 SLCRO 1974, as amended:

Business Name \_\_\_\_\_

Attn: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

11) Attached to this application are the following:

- (a) Specifications of all alarm systems handled by the applicant; (file only any changes since original application)
- (b) a copy of the instructions provided alarm users; (file only any changes since original application)
- (c) a statement of repair and maintenance service to be made available to applicant's customers. (file only any changes since original application)

These attachments are incorporated into this application by reference and are a part of this application as though set out word-for-word herein.

I do solemnly swear that the information contained in this application or incorporated hereby reference is true, correct, and complete to the best of my knowledge.

\_\_\_\_\_  
Print Name(s) of Owner(s), Partner(s) or Officer (give title in Corporation)

\_\_\_\_\_  
Signature of Owner(s), Partner(s) or Officer

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_

INSTRUCTIONS FOR  
APPLICATION FOR LICENSE TO OPERATE  
ALARM BUSINESS AS DEFINED BY  
CHAPTER 720, ST. LOUIS COUNTY REVISED ORDINANCES

1. Fill out the attached application. **Every** question must be answered. Where not applicable, so state. **ANY APPLICATION NOT COMPLETELY FILLED OUT, SIGNED AND NOTARIZED WILL BE RETURNED.**
2. Where this application fails to provide adequate space to provide the required information, the applicant shall provide that information on separate sheets of paper attached to this application, and made a part hereof as though set out word-for-word within this application.
3. A fee of One Hundred Dollars (\$100.00) made payable to St. Louis County Department of Revenue must accompany the return of the application for License to Operate an Alarm Business.
4. Upon the filing a of license application, an investigation will be conducted to determine that all requirements as set forth in Section 720.050(4) are satisfied before approving the issuance of a license.