



PRINCE GEORGE'S COUNTY POLICE DEPARTMENT

Alarm Business, License Application

301-883-5465

NEW REGISTRATION

REGISTRATION RENEWAL

INFORMATION CHANGE

A **\$300.00** non-refundable fee is required with each application. Make a check or money order payable to **Prince George's County**. All information must be typed or printed. When completed, please mail to:

**False Alarm Reduction Unit
9201 Basil Court, Suite 107
Largo, MD 20774**

Select Appropriate Type of Organization Corporation Business Partnership Sole Proprietorship

A. Business/Corporation Information

Corporate Name _____ Phone No. _____

Trade Name (if applicable) _____ Employer ID No. _____ Electrical License No. _____

Street No. _____ Street Name _____ Suite/Room No. _____

City _____ State _____ Zip code _____

Corporate Officers/Responsible Officials

Name and address of the official responsible for operation of alarm business in Prince George's County _____ Phone No. _____

President's Name (First, Last) _____ President's Home Address _____ Phone No. _____

Vice President's Name (First, Last) _____ Vice President's Home Address _____ Phone No. _____

If your business is incorporated in a state other than Maryland, please complete the following.

Local Resident Agent _____ Local Resident Phone No. _____

Local Resident's Address _____ City _____ State _____ Zip code _____

B. Local Business/Owner Information

Owner(s) Name(s) _____

Street No. _____ Street Name _____ Suite/Room No. _____

City _____ State _____ Zip code _____

Phone No. _____ Fax No. _____

Parent Company Name and Trade Name (if applicable) _____

Street No. _____ Street Name _____ Suite/Room No. _____

Parent Company City _____ State _____ Zip code _____

Parent Company Phone No. _____ Fax No. _____

C. Check The Appropriate Type Of Alarm Business Sell Lease Install Monitor
 Service Respond Other

D. Number of Active Alarm Customers in Prince George’s County: Residential Non-Residential

E. Business Contacts

Customer Service Manager Name _____ Phone No. _____

Monitoring Center Manager Name _____ Phone No. _____

F. List any associated alarm business with which you subcontract, including name and Prince George’s County alarm business license number, that may alter, lease, maintain, repair, sell at retail, service or respond to alarm system in Prince George’s County. Use a separate sheet of paper for additional information.

1. Associated Alarm Company Name _____ Alarm Business License Number _____

Address _____ Phone Number _____

2. Associated Alarm Company Name _____ Alarm Business License Number _____

Address _____ Phone Number _____

Policy Statement, Subtitle 9-139(f)

The owner, partner or corporate office of an alarm business must conduct a criminal history background check on all employees of the alarm business involved in the sale, installation, monitoring or maintenance of an alarm system. The background check must cover the past seven (7) years.

G. Has a criminal history background check been conducted on all employees involved in the sale, installation and monitoring of alarm systems? Yes No

H. 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 reason)

I. Maryland State License Number:

Notice: False statements to any of the questions contained in this application form may constitute perjury. Perjury, fraudulent behavior, or any violation of the condition for this issuance of this license will result in refusal of license, or if granted, in revocation or suspension of same. Each separate violation of the licensing provisions may result in a civil fine of \$250.00. Each day a violation continues is a separate offense.

I hereby certify that I have received a copy of Subtitle 9, Burglary and Holdup Alarm Systems, of the Prince George's County Code, and am aware of the conditions, requirements and penalties set forth therein. I do solemnly declare and affirm that the contents of this application are true and correct.

Signature of President of Corporation or Owner of Business _____ Date _____

Sate of _____ County of _____ Sworn to me before this _____ Day of _____

My Commission expires _____ Notary Public _____

OFFICAL USE ONLY:

Approved Disapproved

License No. _____ Date Issued _____ Date Expires _____ Initials _____