TOWN OF FAIRVIEW POLICE DEPARTMENT
ALARM PERMIT APPLICATION

COMMERCIAL

Permit # CAP-04-_____
Issued By: _____

☐ **NEW PERMIT** FEE =**$100** ☐ **ANNUAL RENEWAL** FEE =**$50** ☐ **REINSTATEMENT** FEE **=$100** ☐ **UPDATE**

TYPE OF ALARM: ____Burglar ____Robbery/Holdup ____Fire ____Medical ____Distress/Panic

CONNECTION: ____Monitoring Co. ____Fairview Police Dispatch ____CC Sheriff's Dispatch ____Not Monitored

RESET: ____Manual ____Automatic **SOUND:** ____Audible ____Silent ____Activates Video Recording

BRAND: _____ INSTALLED ON: _____ INSTALLED BY: _____ NO. OF ALARM PANELS ____

PERMIT HOLDER INFORMATION (**Name of the business** as it appears on the building or kiosk. Then list the **person responsible for responding** to alarms, providing access to the alarm site, proper maintenance and operation of the alarm system, and payment of fees.) Permits will not be issued without the required information.

_____
Permit Holder – Complete Business Name (as registered with Monitoring Company and posted on the business or kiosk)

_____
Responsible Person's Driver's License # and Date of Birth (Provide Texas ID Card # if not a Licensed Driver)

_____/_____/_____/_____
Contact #'s Home Work Cell Pager

_____
Alternate Responsible Person's Driver's License # and Date of Birth Home Phone Cell or Pager

_____
Third Responsible Person's Driver's License # and Date of Birth Home Phone Cell or Pager

_____
Permit Holder's Billing and/or Mailing Address, if different from alarm location.

ALARM LOCATION INFORMATION (For businesses in shopping centers, use the street address and suite number)

_____
Complete **address** of Establishment **Gate Access Code**, if applicable **Hours** of operation

_____
List names of persons authorized to be inside the business after closing.

_____
List all **PETS, GUARD DOGS,** or other security features unique to this business.

_____
Does business have on-site security personnel or other special private patrol service? If so, list name/address/phone contact.

ALARM MONITORING COMPANY

_____
Name of company Address State License # Telephone Calls Owner or Police 1st

I have read the completed application and know the same to be true and correct and hereby agree that if a permit is issued, I will comply with all provisions of Chapter 115 of the Town of Fairview Code of Ordinance regulating Alarms, and all applicable State Laws. I accept responsibility for payment of all fees and fines that may result from the operation of the alarm system servicing the above premise.

SIGNATURE OF PERMIT HOLDER/AGENT: _____ DATE: _____ Fee Amount Paid $_____

Deliver completed application and fee to: Town of Fairview, Alarms Unit, 500 S. Hwy 5, Fairview, Texas 75069 - (972) 562-0522