

City of Corinth Police Department Application for Business Alarm Permit

Business

I E X A S				Busi	11633	
Date:		Permit Number:				
Business Name:						
Alarm Address:						
City/State: CORINTH, TEXAS Zip Code:		Normal Hours of Operation:				
Alarm Site Phone:						
Mailing Address (if different from above):						
City/State/Zip Code:						
Phone:	Fax:		Email:	Email:		
PLEASE LIST FOUR INDIVIDUALS THAT ARE K RESPOND WITHIN 30 MINUTES OF NOTIFICATIO AND TAKE CHARGE OF THE PREMISES IF NECES	N. THE RESPOND					
Applicant Name:		Contact Name:				
Address:		Address:				
City/State/Zip Code:		City/State/Zip Code:				
Phone: Date of Birth:		Phone:				
Alt. Phone:		Alt. Phone:				
Contact Name:		Contact Name:				
Address:		Address:	Address:			
City/State/Zip Code		City/State/Zip Code:				
Phone:		Phone				
Alt. Phone:		Alt Phone:				
Alarm/Monitoring Company:		[] ALARM NOT	MONITORED		
Address:			-			
Phone Number:						
ALARM TYPE (check all that apply)						
O Burglar/Intrusion Alarm O Panio	c/Robbery Alarm	0	Audible	O Silent	O Combination	
Location of Alarm Control Panel:						
Note: (Ordinance #90.07) -There shall be no fee fo shall be a fee for all false alarms in excess of five versions responsible for operating the alarm without of Police. After proper notification, failure to pay so for violations of the alarm ordinance. False alarms This permit is non-transferable	within a 12-month per an alarm permit shal uch fee shall result in caused by natural cat	riod as set forth in I have fifteen (15) revocation of an tastrophes shall no	the City Master I days to remit pa alarm permit, or of be considered	Fee Ordinance. The yment or appeal the filing a complaint in as false alarms.	e permit holder or the e charge to the Chief the Municipal Court	
It is the responsibility of the alarm permit holder to application. The information contained in the alarm					is alarm permit	
Applicant's Signature:			Date:			

CPD-006B (Revised 11/2017)