CITY OF COLORADO SPRINGS

OFFICE OF THE CITY CLERK
30 South Nevada Avenue, Suite 101
Post Office Box 1575, Mail Code 110
Colorado Springs, Colorado 80901-1575
(719) 385-5115 Fax:(719) 385-5114

APPLICATION FOR ALARM COMPANY LICENSE

APPLICATION FEE	$ 15.00
LICENSE FEE	$ 250.00
BACKGROUND CHECK	$ 20.00

§2.3.404: Each application for an Alarm Company license shall be submitted with the following:

- Two (2) recent passport size color photographs of each principal;
- One (1) classifiable set of fingerprints of each principal;
- Copy of the Registration Form from the Colorado Department of Revenue, or a copy of your Corporate Form from Secretary of State, as applicable;
- Certificate of Liability Insurance (pursuant to City Code Section 2.3.405); and
- Worker's Compensation Insurance (pursuant to City Code Section 2.3.405).

1. Name of Applicant: _____
2. Trade Name (DBA): _____
3. Business Address: _____ City_____ State___ Zip Code_____
4. Business Phone: _____ Email: _____

5. Type of service(s) provided: (check all that apply) ☐ Residential ☐ Commercial ☐ Monitoring
6. Type of system(s): (check all that apply) ☐ Robbery ☐ Installation Service ☐ Retail ☐ Monitoring ☐ Fire ☐ Burglar
7. Type of Business: (check one) ☐ Individual Proprietorship ☐ Association ☐ Limited Liability Company ☐ Corporation ☐ Partnership - Date partnership commenced_____ **(Attach copy of partnership agreement)**

A. Individual: (List any names by which you have been known).

Name	Birthdate
Home Address	Home Phone
	Social Security No.

B. Partnership or Association: (List any names by which you have been known; all persons involved in the ownership of this business must provide the information)

1.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.
2.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.
3.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.

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C. Corporation or Limited Liability Company: (List any names by which directors and officers have been known)

DIRECTORS

1.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.
2.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.
3.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.

OFFICERS

1.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.
2.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.
3.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.

8. Do you currently hold any other business license(s)? Yes ☐ No ☐
If yes, where?
_____
_____
_____

9. Have you ever had a business license denied, suspended or revoked? Yes ☐ No ☐
If yes, please provide details:
_____
_____

10. **Registered Agent**: Anyone responsible for the active management, supervision and control of the business (If other than applicant(s)). Two (2) recent passport size color photographs and one (1) classifiable set of fingerprints must accompany this application.

1.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.
2.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.
3.	Name	Birthdate
	Home Address	Home Phone
	Stock Interest (10% or more)	Social Security No.

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11. Has any principal(s) or applicant(s) of this business ever been charged or convicted of a criminal offense, fined, imprisoned, placed on probation, received a suspended sentence, or forfeited bail for any offense in criminal court? (Include felonies, misdemeanors or any pending charges). Yes ☐ No ☐
If yes, provide the following:

Type of Offense(s): _____
Date of Offense(s): _____
Place of Offense(s): _____
Nature of Offense(s): _____
Penalty Imposed: _____

SWORN AFFIRMATION

I hereby certify that the statements made by myself and constituting part of this application are true and correct. I further understand and agree that any misrepresentation of any information on this application may be grounds for denial of a license. I have been furnished with, and am familiar with the ordinances and regulations pertaining to this application. I understand that any violation of the Laws of the State of Colorado, or the Ordinances of the City of Colorado Springs, Colorado, can result in denial of this application, or suspension/revocation of my license.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and consent to the release of information and all known records including criminal convictions, if any, to authorized agents of the Colorado Springs Police Department, City Clerk's Office, and any other department requiring the information for approval of this license. This authorization shall be valid for the duration of my license, and any renewals thereof.

Dated:_____

_____

_____

_____
Signature of Applicant(s)

State of Colorado)
) ss.
County of El Paso)

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires:_____

_____
Notary Public